

Commercial Hauling Form For The Village/City of _____

In order to demonstrate compliance with the Village/City of _____'s Commercial Solid Waste Hauling and Recycling Program Ordinance enacted on _____, you are required to submit this form with the requested information in a timely fashion.

Company and Contact Information

Company Name: _____ Contact Name: _____
Address: _____ Title: _____
_____ Phone No: _____
_____ E-Mail Address: _____

Hauling Service and Recycling Information

****Please fill in the associated six-month timeframe for this reporting period AND calculate your Recycling Participation Rate****

SIX-MONTH REPORTING PERIOD (_____ - _____ Month, _____ Year)

- A. Number of non-residential locations that contract with your company for collection of recyclable materials in the Village/City of _____ A. _____
1. Of the total number indicated above, how many of the non-residential locations share a container for recyclable material? A1. _____
2. Of the total number indicated above, how many are provided recycling services that are less frequent than once every (4) weeks? A2. _____
- B. Number of non-residential locations serviced in the Village/City of _____ B. _____
- C. Recycling Participation Rate (*Divide A by B*) C. _____ %

During this six-month reporting time frame did your company landfill or incinerate any recyclable materials that were collected as source separated recyclable material?

(Please circle)

YES

NO

If yes, provide information, date(s) and reason for landfilling or incinerating the recyclable material.

I certify that the foregoing information is true and complete to the best of my knowledge, and understand that any willfully false information is subject to penalties under the Village/City's ordinance.

Printed Name: _____

Signature: _____

Date: _____