Business and Multi-Family Recycling
Self-Haul Recycling Form

Information on this report will not be disclosed except as required under the law.

1. Business/Generator Name: ______________________________________________________

2. Contact Name: ___________________________ Phone Number: (_____) _______________

3. Address: ______________________________________________________________________

4. Business Type:
   _ Office
   _ Food Service
   _ Retail
   _ Industrial/Warehouse
   _ Multi-family
   _ Hotel
   _ Church
   _ Medical
   _ Auto Service/Gas
   _ Other (please specify): __________________________________________________________

5. Garbage Hauler (please specify): ____________________________________________

6. Number of Employees: ________

7. Please complete the table below with the self-haul information for your facility:

<table>
<thead>
<tr>
<th>Designated Recycling Materials</th>
<th>Estimated Monthly Volume of Recyclable Material Generated</th>
<th>Name of Recycling Facility where Recyclable Material is Delivered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aluminum and Steel Containers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Glass Bottles and Containers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Food Waste</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Green Waste</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mixed Paper (newspaper, junk mail, cardboard, phonebooks, magazines, computer paper, and milk and egg cartons)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Plastics (all empty food and beverage containers #1-#7)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scrap Metal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wood Pallets</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

8. Business/Generator Owner or Designee:

________________________________________________________________________

Signature ___________________________________________ Date ____________________

Print Name