



THIRD PARTY RECYCLING DIVERTED MATERIALS REPORTING FORM

Year: _____

Q1 Q2 Q3 Q4 Indicate reporting months:

Facility Name	Date (MM/DD/YY)
Facility Contact	Contact Phone Number
Facility Address	Facility Phone Number
Facility Mailing Address (if different)	

SELF-HAUL or THIRD PARTY WASTE HAULER

Company Name	Phone Number
Company Contact	Dates of pickup
Company Address	
Drop-off location name	Drop-off location address

TYPE AND QUANTITY OF MATERIAL	Quantity (by ton*)
<input type="checkbox"/> Bottles and Cans	
<input type="checkbox"/> Food Waste	
<input type="checkbox"/> Green Waste	
<input type="checkbox"/> Metal	
<input type="checkbox"/> Mixed Paper (office, news, shredding, etc.)	
<input type="checkbox"/> Old Corrugated Cardboard (OCC)	
<input type="checkbox"/> Plastics ♻️ 1-7	
<input type="checkbox"/> Synthetics (fabrics, carpet, or clothing)	
<input type="checkbox"/> Wood Waste	
<input type="checkbox"/> Other _____	

*Each weight must be verified by a weight ticket. This form will not be accepted without verifiable weight tickets.

I certify under penalty of law that this document and all attachments contain information that is accurate and complete to the best of my knowledge. I am aware that there are penalties for submitting false information, including the possibility of fine and/or imprisonment.

Print Name	Signature	Date