



CONTRACTOR REPORTING FORM FOR RECYCLED/RECOVERED MATERIALS

Submit Report to: Solid & Hazardous Waste Management Dept.
3339 Tamiami Trail E., Suite 302, Naples, FL 34112
Phone: (239) 252-2508 Fax: (239) 252-3991

INDICATE YEAR OF REPORT DATA: _____

(Check one of the following)

1. Corporate Name: _____
2. Business Name: _____
3. Address: _____

Quarterly or **Annual**
 1st Quarter 2nd Quarter
 3rd Quarter 4th Quarter

4. RECOVERED MATERIALS

TOTAL TONS

PAPER	Old Newspapers (ONP)	_____
	Old Corrugated Containers (OCC)	_____
	High Grade/Office Paper	_____
	Mixed Paper	_____
Subtotal Paper:		_____
PLASTIC	Plastic (#1 -#7)	_____
	Subtotal Plastic:	_____
METALS	Aluminum Cans	_____
	Other Non-Ferrous	_____
	Steel Cans	_____
	Other Ferrous	_____
Subtotal Metals:		_____
GLASS OTHERS	Glass	_____
	(i.e. Textiles, Organic Waste, Electronics)	_____
Subtotal Others:		_____

5. TOTAL TONS OF RECOVERED MATERIALS RECEIVED OR HANDLED _____

6. Name and Address of Facilities receiving Recyclable Material:

Company name	Address	City & Zip Code
_____	_____	_____
_____	_____	_____
_____	_____	_____

7. Under penalties of perjury, I declare that the foregoing Recycling Hauler Reporting information is true and correct to the best of my knowledge and belief. I further represent that the foregoing (other than facility name and location) constitutes trade secrets, as defined in s. 812.081 (1)(c), F.S., and is to be held as confidential information, exempt from the provisions of s. 119.07(1), F.S., unless I have entered my initials in the box at item 10 below. Unauthorized release of this information is prohibited.

Signature (authorized representative) Title Date

8. By entering my initials in this box, I hereby represent that all information contained hereon is not confidential or trade secret and may be released to the public.