

YOUR CO. NAME, CONTACT, ADDRESS, →				
ZIP, PHONE NUMBER (Print Clearly) →				
	RECYCLABLE MATERIAL	DEP	Quantity	Street Address, State, County, Zip, Phone No. of Hauler/End Market in Spaces Below Next to Each Item Quantity (Print Clearly) ↓↓
	ITEM LIST	ID #	Tons, Gal. C.Y., No., Lb.	
Single Stream	Corrugated	1		
	Mixed Office Paper	2		
	Newspaper	3		
	Other Paper/Mag/Junk Mail	4		
	Glass Containers	Co-minglrd	5	
	Aluminum Containers		6	
	Steel Containers		7	
	Plastic Containers		8	
	Heavy Iron	9		
	NonFerris/Aluminum Scrap	10		
	White Goods & Light Iron	11		
	Anti-freeze	12		
	Batteries Automobile	13		
	Automobile Scrap	14		
	Tires	15		
	Used Motor Oil	16		
	Brush/Tree Parts	17		
	Grass Clippings	18		
	Leaves	19		
	Stumps	20		
	Consumer Electronics	21		
	Concr./Asphalt/Brick/Block	22		
	Food Waste	23		
	Other Material Not Listed	24		
	Batteries (Dry Cell),	24		
	Fluorescent Lights	24		
	Other Glass	25		
	Other Plastic	26		
	Oil Contaminated Soil	27		
	Process Residue	28		
	Textiles	29		
	Wood Scrap	30		