

City of Wasco

COMMERCIAL RECYCLING ORDINANCE

Self-Haul / CRV Recycler

Business Name:	Phone:
Address	Date:
Owner Name:	Phone:
Business Manager/Supervisor:	Phone:

Recycling Information

Materials Recycled (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Cardboard | <input type="checkbox"/> Paper (magazines, newspaper, junk mail, etc.) |
| <input type="checkbox"/> Aluminum Containers | <input type="checkbox"/> Plastic |
| <input type="checkbox"/> Metal/ Tin/ Steel Containers | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Glass Bottles/ Jars | |

Facilities where materials are taken for RECYCLING:

Name of Facility	_____
Phone/ Address/ Location	_____
Materials Recycled	_____
Name of Facility	_____
Phone/ Address/ Location	_____
Materials Recycled	_____
Name of Facility	_____
Phone/ Address/ Location	_____
Materials Recycled	_____

Totals By End of Every Month

Total Recycle Weight of material		lbs./ tons
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****Please include a copy of all recycling weight tickets**

