

2018 Mandatory Commercial Recycling and Organics Compliance Form

Form to be completed by any business that received a non-compliance letter and/or generates recyclables materials, food waste and/or landscape organics.

Deadline: Return completed form within thirty (30) days to avoid enforcement action. The Commercial Recycling and Organics Compliance Form can be returned by mail, email or fax.

Mail: Burrtec Waste Industries, 17080 Stoddard Wells Road, Victorville, CA 92394

Attn: Commercial Organics

Email: vcvs@burrtec.com

Fax: 760-245-8708

BUSINESS/ORGANIZATION INFORMATION:

Business Name: _____

Business Type: _____ # of Employees _____

Service Address: _____

Business Mailing Address (if different): _____

Contact Person (Name/Title): _____

Phone Number: _____ Email Address: _____

FOOD WASTE INFORMATION

1. Does your business generate food waste? ____ **Yes** ____ **No**

**If the answer is no, please move forward to item 11.*

2. Do you currently separate your food waste? ____ **Yes** ____ **No**

3. Do you recycle or donate your food waste? ____ **Yes** ____ **No**

(Mark all that apply)

____ Food waste (Backhauled)

(Return unused product to distribution center)

____ Food waste recycled by another company

____ Edible food donated

How much was donated (tons/lbs/gallons/bags) _____

____ Other: _____

6. Approximately how much food is recycled per week? (tons/lbs/gallons/bags, etc.) _____

7. Where does the backhaul company or food waste recycler take the food waste to be recycled?

8. Do you donate your edible food to charity? ____ **Yes** ____ **No**

If yes, please provide Charity Name: _____

Type of food donated? **(Mark all that apply)**

____ Fruit ____ Meats ____ Seafood ____ Vegetables ____ Dairy Products

____ Canned Goods ____ Soups ____ Baked Goods ____ Other: _____

9. If you do not recycle or donate your food, what do you do with the food waste generated? _____

4. If you use backhaul or another company, please provide the following information:

Company Name: _____ Phone number: _____

5. Types of food recycled. **(Mark all that apply)**

____ Fruit ____ Meats ____ Seafood ____ Vegetables ____ Dairy Products

____ Canned Goods ____ Soups ____ Baked Goods ____ Other: _____

10. Is there any additional information you would like to provide?

LANDSCAPE/GREEN WASTE INFORMATION

Green waste means leaves, grass clippings, plant and tree trimmings.

11. Does your business generate green waste?
____ Yes ____ No **If the answer is no, please move forward to Item 14*

11a. Approximately how much green waste is generated per week?
(tons/lbs/gallons/bags, etc.)

12. Do you currently separate your green waste from your trash?
____ Yes ____ No

13. Do you recycle your green waste? ____ Yes ____ No

(Mark all that apply)

____ Landscape waste removed by landscaper and recycled at composting facility:

Provide landscape company

Name: _____

Phone number: _____

Name/address of recycling/composting facility used by Landscaper:

____ Landscape waste is recycled on site by (Mark all that applies):
____ Grass cycling turf ____ On-site mulching ____ On-site composting
____ Other _____

RECYCLING PROGRAM INFORMATION

14. Do you currently separate your recycling? ____ Yes ____ No
**If the answer is no, please move forward to Item 18.*

15. Approximately how much recycling is generated per week?
(tons/lbs/gallons/bags, etc.)

16. Do you self-haul the separated recyclables? ____ Yes ____ No

17. If you use another recycling company/service please provide the following information:

Company Name:

Phone Number:

18. Would you like a waste assessment conducted at your business or organization? ____ Yes ____ No

**If the answer is yes, please move forward with completing the rest of the items below.*

**If no, please complete items 20, 21, and then return completed form per the directions at the top of the form.*

Contact Information: _____

Phone Number: _____

Email Address: _____

19. What is the best time of day to contact you? Day: _____ Time: _____

20. Print name and title of person filling out this form:

Name _____ Title _____

21. Signature: _____ Date: _____

Internal Use Only
Account: 999999999
EE Name:
R Code:
Div Code/Billing Group:
Sales Ticket: Y / N

Internal Use Only
Account: 999999999
EE Name:
F/G Code:
Div Code/Billing Group:
Sales Ticket: Y / N