

# 2018 Mandatory Commercial Recycling and Organics Compliance Form

Form to be completed by any property owner or management company that received a non-compliance letter and/or generates recyclables materials and/or landscape organics. Multifamily dwellings organics diversion is specific to green waste only (not food waste).

**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, PO Box 3635, Crestline, CA 92325

**Email:** [mountaincs@burrtec.com](mailto:mountaincs@burrtec.com)

**Fax:** 909-338-9759

## BUSINESS/ORGANIZATION INFORMATION:

Business Name: \_\_\_\_\_

Number of Units: \_\_\_\_\_ # of Employees \_\_\_\_\_

Service Address: \_\_\_\_\_

Business Mailing Address (if different): \_\_\_\_\_

Contact Person (Name/Title): \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

## LANDSCAPE/GREEN WASTE INFORMATION

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

1. Does your multifamily dwelling generate green waste? \_\_\_\_ **Yes** \_\_\_\_ **No** \*If the answer is no, please move forward to Item 4

1a. Approximately how much green waste is generated per week? (tons/lbs/gallons/bags, etc.)

\_\_\_\_\_

2. Do you currently separate your green waste from your trash? \_\_\_\_ **Yes** \_\_\_\_ **No**

3. 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 and address of recycling/composting facility used by landscaper \_\_\_\_\_

\_\_\_\_ Landscape Waste is recycled on site by **(Mark all that apply):**

\_\_\_\_ Grass cycling turf                      \_\_\_\_ on-site mulching                      \_\_\_\_ on-site composting

\_\_\_\_ Other \_\_\_\_\_

**RECYCLING PROGRAM INFORMATION**

4. Do you currently separate your recycling? \_\_\_\_\_ **Yes** \_\_\_\_\_ **No** *\*If the answer is no, please move forward to Item 8.*

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

\_\_\_\_\_

6. Do you self-haul the separated recyclables? \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

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

Company Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

8. 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 10, 11, and then return completed form per the directions at the top of the form.

Contact Information: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

9. What is the best time of day to contact you? Day: \_\_\_\_\_ Time: \_\_\_\_\_

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

Name \_\_\_\_\_ Title \_\_\_\_\_

11. Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

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