

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, 17080 Stoddard Wells Road, Victorville, CA 92394

Email: fvcs@burrtec.com

Fax: 760-245-8708

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