

# ANNUAL RECYCLING REPORT

## RICHLAND TOWNSHIP COMMERCIAL/MUNICIPAL/INSTITUTIONAL

Year - \_\_\_\_\_

Reporting of this data is **MANDATORY** through *Richland Township Code, Chapter 207, Solid Waste, Article II, Recycling*. *Richland Township Code requires all Commercial, Municipal and institutional establishments in Richland* as mandated to implement a recycling program as of September 1990.

\_\_\_\_\_  
NAME OF BUSINESS ESTABLISHMENT STORE # \_\_\_\_\_

\_\_\_\_\_  
ADDRESS (Street, City, Zip Code)

\_\_\_\_\_  
CONTACT PERSON TELEPHONE #

Please note how your establishment handles recycling:

\_\_\_\_\_ Private Contractor collects processes & markets materials  
 If so, Name and Address \_\_\_\_\_

\_\_\_\_\_  
TELEPHONE #

**HAVE YOUR PRIVATE CONTRACTOR COMPLETE THE  
 REMAINDER OF THIS FORM. YOUR CONTRACTOR MUST SIGN  
 THIS FORM. (or submit the necessary information on the contractor's own  
 letterhead)**

**If your business establishment has an internal program, this form must be  
 signed by the individual responsible for your program.**

MATERIALS RECYCLED: (lbs. or tons)

Please list the amount of Post-Consumer recyclable materials generated from your  
 business for the calendar year \_\_\_\_.

High grade Office Paper	_____ lbs./T	Newsprint	_____ lbs./T
Corrugated Paper	_____ lbs./T	Bimetal / Steel Cans	_____ lbs./T
Aluminum Cans	_____ lbs./T	Plastics	_____ lbs./T
Clear Glass	_____ lbs./T	Other (please specify)	_____ lbs./T
Brown Glass	_____ lbs./T		

I CERTIFY THAT THESE TOTALS DO NOT INCLUDE ANY RESIDUE. \_\_\_\_\_  
INITIAL

Residues are scrap materials.

THE COMMERCIAL/INSTITUTIONAL ESTABLISHMENT COMPLETING THIS FORM CERTIFIES THE USE OF THE ABOVE WEIGHT FIGURES AND ITS ACCURACY FOR PENNSYLVANIA RECYCLING PERFORMANCE GRANT PURPOSES. THE COMMERCIAL/INSTITUTIONAL ESTABLISHMENT GIVES ITS ASSURANCE THAT THE RECYCLABLES REPORTED WERE SEPARATED AT ITS ESTABLISHMENT. THAT IS, THE RECYCLABLES WERE SOURCE SEPARATED.

**COLLECTORS/HAULERS NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**Telephone #:** \_\_\_\_\_

**AUTHORIZED SIGNATURE:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

**NAME OF RICHLAND TOWNSHIP BUSINESS THE COLLECTOR/HAULER IS CONTRACTED FOR:**

\_\_\_\_\_

**DATE:** \_\_\_\_\_

Return to: RICHLAND TOWNSHIP SUPERVISORS  
Kim Stayrook, Adm. Asst.  
322 Schoolhouse Road, Suite 110  
Johnstown, PA 15904

Should you require any additional information, please phone Kim Stayrook at (814) 266-2922 x 225.

**PLEASE RETURN THIS FORM AS SOON AS POSSIBLE**

THANK YOU.