

CITY OF ELK GROVE 8401 Laguna Palms Way Elk Grove, California 95758

Business and Multi-Family Recycling Plan

Information on this report will not be disclosed except as required under the law.

1.	Bu	Business/Generator Name:				
2.	Со	Contact Name:		Phone Number: ()		
3.	Ac	Idress:				
4.	Ha	iuler:		Hauler Acc	ount Number:	
5.	Bu	siness Type:				
		Office	Food Service	Retail	Industrial/Warehouse	
		Multi-family	Hotel	Church	Medical	
		Auto	Service/Gas	Other:		
6.	Νι	umber of Employees/1	Fenants:	Square Foo	tage/No. of Units:	
7.	I am aware that Chapter 30.60 of the Elk Grove Municipal Code requires my business or multi-family property to implement a Recycling Program as follows. <u>My business or multi-family property is</u> :					
	a. Separating designated recyclable materials from garbage.		Initial			
	b. Displaying signs and labeled containers in appropriate areas or rental units for the collection designated recyclable materials.			r rental units for the collection of Initial		
	 c. A party to a written service agreement for recycling collection service or has completed a self-har recycling form. (Self-haul form must be on file at the place of business and available for inspection or request by the City of Elk Grove.) d. Receiving the following level of collection service for designated recyclable materials: Container size: 96 gallons, 1 yard, 3 yards, other					
	е.				nat I am in violation of Chapter iect to fines and penalties. Initial	

8. Blue recycle bin:	Offered	Requested/provided	Waived
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9. Please check the box for how you will comply with recycling each designated recyclable material:

Designated Recyclable Materials	Waste Hauler	Authorized Recycler	Self-Haul	Exempt/ Don't Generate
Aluminum and Steel Containers				
Glass Bottles and Containers				
Mixed Paper (newspaper, junk mail, cardboard, phonebooks, magazines, computer paper, milk and egg cartons)				
Plastics (all empty food and beverage containers #1-#7)				
Scrap Metal				
Wood Pallets				

10. SIGNATURES: I understand and confirm that this information is true and correct.

Business Rep	resentative:
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Hauler District Manager:

Print Name

Signature

Signature

Print Name

Date

Date