

**ANNUAL REPORT FORM
FOR CLASS A RECYCLING CENTERS
January 1 thru December 31 _____
(Year)**

Name: _____ **Facility ID#:** _____
Reported By: _____ **Date:** _____
(Please Print)
County of Origin: _____ **Phone:** _____

List Materials in Tons

COUNTY:				
MUNICIPALITY:				
Corrugated				
Mixed Office Paper				
Newspaper				
Other Paper				
Glass Containers				
Aluminum Containers				
Steel Containers				
Plastic Containers				
Ferrous/Heavy Iron				
Non-ferrous/Aluminum				
White Goods/Lite Iron				
Other				
Total				

I certify that the information entered above is true to the best of my knowledge.

Signature: _____ **Title:** _____ **Date:** _____

THIS FORM MUST BE RECEIVED BY **February 1st** OF THE YEAR FOLLOWING THE DATA REPORTED ABOVE.
New Jersey Department of Environmental Protection
Solid and Hazardous Waste Management Program
Bureau of Recycling and Planning
PO Box 414
Trenton, NJ 08625
Attn: Carol Puca