Revised 08/09

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

Name: _____ Facility ID#:_____

Reported By: _____ Phone:_____
(Please Print)

County of Origin:_____ (use separate sheet for each County of Origin)

List Materials in Tons

Municipality(ies)	15	17	19	22	27	30	Total
Total							

15-Tires
17-Trees, Tree Parts, Brush and Tree Stumps
19- Leaves
22. Asphalt, Concrete, Asphalt Roofing, Brick and Block
27-Petroleum Contaminated Soil
30- Wood Scraps (unpainted and non-chemically treated)

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** 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