Revised 8/09

ANNUAL REPORT FORM
CLASS D (ALL OTHER UNIVERSAL WASTE) RECYCLING CENTERS

January 1 thru December 31_____
(Year)

FACILITY NAME: _____ **FACILITY ID #:** _____

REPORTED BY: _____ **PHONE #:** _____

COUNTY OF ORIGIN: _____ **DATE:** _____
(Use separate form for each County)

(Circle Tons, Gallons or Lbs as appropriate)

Municipality (ies)	Batteries	Mercury Containing Devices	Consumer Electronics	Lamps	Oil Based Paint	Latex Paint
TOTAL						

(Make additional copies as necessary)

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

Signature _____ Title _____ Date _____

THIS FORM MUST BE RECEIVED BY MARCH 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
P.O. Box 414
Trenton, NJ 08625-0414
Attn: Carol Puca