

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

Name: _____

Phone: _____

Reported By: _____
(Please Print)

County of Origin: _____
(Use separate form for each County of Origin)

List Materials in Tons

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				
Specify 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 **March 1st OF THE YEAR** FOLLOWING THE DATA REPORTED ABOVE.

New Jersey Department of Environmental Protection
Division of Solid and Hazardous Waste
Bureau of Recycling and Planning
PO Box 420, Mail Code 401-02C
Trenton, NJ 08625-0420
Attn: Carol Puca