

MUNICIPAL SOLID WASTE COLLECTOR FORM - FORM C

Form C: To be filled by municipalities where residential customers secure their own solid waste collection company.

DATE: _____

A. Name of Municipality: _____

B. County: _____ C. Population: _____

D. Which solid waste collection companies provide residential service to residents of your municipality:

1. _____

2. _____

3. _____

4. _____

5. _____

E. Do you receive complaints from residents about a lack of collectors in your area? _____

F. Does the municipality provide recycling services?

a. Yes, what is the schedule: _____

b. No, how is it provided: _____

G. Approximately how many residential stops (residences) are there in your municipality? _____

H. Person to contact concerning solid waste issues in your municipality: _____

I. Phone number for contact person: _____

J. Email for contact person? _____

Certification Statement

The person completing this form certifies that to the best of his/her knowledge and belief that all information provided in this form are true and correct, and further understands and agrees that the New Jersey Department of Environmental Protection may request additional information or copies of municipal documents that pertain to solid waste collection, which shall be promptly provided.

Name of Person completing this form: _____

Date: _____

Title: _____

Phone #: _____

Mayor: _____

Mailing Address: _____

**Please return the completed form to:
NJDEP, Division of Solid and Hazardous Waste
401 E. State Street
Mail Code 401-02C
Trenton, New Jersey 08625-0420
Or e-mail Patricia Badessa at swutility@dep.nj.gov**

If you have any questions, please call Patricia Badessa at (609) 984-9759 or email at swutility@dep.nj.gov.