

Apartment and Condominium Recycling Registration Form



This form is: ☐ First Submittal ☐ Revised Form Date: _____

Section 1: Property Information

Property Name: _____

Street Address: _____ Zip: _____

Number of Units: _____ Number of Residents: _____

Section 2: Property Owner/Manager Information

For Owners:

Name: _____ Title: _____

Phone: _____ Email: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

For Management Companies:

Company: _____

Name: _____ Title: _____

Phone: _____ Email: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Section 3: Current Waste/Recycling Hauler Information

☐ This property receives **waste services** from _____ (please list service provider)

☐ This property receives **recycling services** from _____ (please list service provider)

☐ This property *does not* currently participate in *recycling* services.

Section 4: Waste and Recycling Containers

Indicate the number of containers used for trash and recycling collection. If you are unsure how to complete this section, please check with your waste/recycling hauler before submitting.

If you do not currently have a recycling program, please indicate the type and number of recycling containers that *will be implemented* at the property and complete Section 5.

Current Trash Containers		
Type of Containers	# Of Containers	Collection Frequency
2 cu. yd dumpster		
4 cu. yd dumpster		
6 cu. yd dumpster		
8 cu. yd dumpster		
96-gallon cart		
Roll-off container		
Compactor		
Trash chute		
Valet bags		
Other:		

Current Recycling Containers		
Type of Containers	# Of Containers	Collection Frequency
2 cu. yd dumpster		
4 cu. yd dumpster		
6 cu. yd dumpster		
8 cu. yd dumpster		
96-gallon cart		
Roll-off container		
Compactor		
Trash chute		
Valet bags		
Other:		

Section 5: Future Recycling Program Information

Provide information on your future recycling program. This is not binding and can be changed at any time by submitting a new Registration Form.

Start Date for Recycling Program: _____

The following materials will be recycled at this property:

- | | |
|---|---|
| <input type="checkbox"/> Paper | <input type="checkbox"/> Aluminum Cans |
| <input type="checkbox"/> Cardboard | <input type="checkbox"/> Tin/Steel Cans |
| <input type="checkbox"/> Plastic Containers | <input type="checkbox"/> Glass |

☐ Other: _____
(please indicate)

☐ Other: _____
(please indicate)

Collection Information:

- ☐ This property plans to use the waste hauler noted in Section 3 for recycling collection.
- ☐ This property plans to use (list company) _____ for recycling collection.
- ☐ This property plans to self-haul recycling to the following location _____.

Section 6: Signature

By completing this section, I affirm that the information provided on this form is true, correct and complete to the best of my knowledge.

Printed Name: _____ Title: _____

Signature: _____ Date: _____

Please email your completed form to pwstro23@aacounty.org and save a copy for your records.