

EAST FALLOWFIELD TOWNSHIP
COMMERCIAL RECYCLING REPORT

NAME OF BUSINESS/ESTABLISHMENT: _____

CONTACT PERSON: _____

ADDRESS: _____

CITY: _____ ZIP CODE: _____ COUNTY: _____

(1) WHAT TYPE OF BUSINESS DO YOU OPERATE?

WHOLESALE/RETAIL _____ RESTAURANT _____

GOVERNMENT _____ OFFICES/ADMINISTRATION/SERVICE _____

SCHOOLS _____ OTHER _____

(2) WHERE WAS THE MATERIAL GENERATED FROM?

OFFICES _____ BREAKROOMS _____ RETAIL OPERATIONS _____

FOOD SERVICE _____ MAINTENANCE _____ WAREHOUSE _____

OTHER _____

(3) WHAT ARE YOU CURRENTLY RECYCLING?

CORRUGATED CARDBOARD _____ OFFICE PAPER _____

GLASS JARS AND BOTTLES _____ PLASTIC BOTTLES AND JUGS _____

ALUMINUM AND BI METAL CANS _____ OTHER _____

**PLEASE MAIL EVERY 6 MONTHS WITH ATTACHED RECYCLING REPORT
TOTALS TO 2264 STRASBURG ROAD, EAST FALLOWFIELD, PA 19320**