

ANNUAL BUSINESS RECYCLING AND WASTE REDUCTION REPORT

Refer to the Montgomery County Business Recycling Regulation Handbook for guidance on recycling and completing this Report.
Send completed Report to: Division of Solid Waste Services, Attn: SORRT, 101 Monroe Street, 6th Floor, Rockville, MD 20850

Business filing this Annual Report, provide:

Business Name: _____

Mailing Address: _____

Phone Number: _____

Contact Person Name and Title: _____

Contact Person Email: _____ Business Website: _____

What is your relationship to the business(es) for whom this Annual Report is being filed?

(Check the box that corresponds to appropriate description.)

- I'm filing for my business at the above address only.
- I'm a **Property Manager** filing for one or more tenant(s) leasing property at a single site.
If address of the building occupied by your tenant(s) is different from the address provided above, provide address of building occupied by your tenant(s) covered by this Report: _____
- Business **Headquarters** filing for multiple business locations in the County.
Provide the address of each location that is covered under this report.
- I'm a **Collector** filing for my customer. (NOTE: One Annual Report per customer)
Provide the business name, address, contact name and phone number of the customer whom this report covers.
- Other. Explain relationship: _____

LIST BUSINESS(ES) COVERED BY THIS ANNUAL REPORT, IF APPLICABLE.

BUSINESS NAME & ON-SITE CONTACT PERSON	PHONE NUMBER and ADDRESS	EMPLOYEE NUMBER	SQUARE FEET
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(Attach a separate page for additional business(es).)

If Government Agency, check applicable: County State Federal Other _____

Total number of employees covered by this Report: _____ (Employee means person working 20 or more hours per week for more than 6 months in a calendar year.)

Total square feet of building space covered by this Report: _____ Square Feet

Total acreage of green area (landscaped and grassy area) covered by this Report, if applicable: _____ Acres

FOR DSWS USE ONLY – DO NOT WRITE BELOW THIS LINE

DIVISION OF SOLID WASTE SERVICES APPROVAL BY:

Date:

EXEMPTION STATUS:

CURRENT RECYCLING RATE:

PREVIOUS RECYCLING RATES:

VOLUNTARY RATE:

Montgomery County SORRT Program

ANNUAL REPORT FOR PREVIOUS CALENDAR YEAR

PROVIDE YEAR: _____

MATERIAL (Circle type where applicable)	QUANTITY COLLECTED IN PREVIOUS CALENDAR YEAR –Report in Pounds/Yr. (Refer to Volume-Weight Conversion Chart in your Handbook if needed)	Number and Size of central collection containers* and number of pick-ups per month, if different from previous submission	Name and Phone Number of company hauling/handling materials	WASTE REDUCTION PROGRAM (Check if applicable & attach separate page to describe)	Check Box if Exemption Request Form is required **
REQUIRED MATERIALS FOR RECYCLING, REUSE, OR BEING SOURCE REDUCED					
MIXED PAPER:	Pounds/Yr.				<input type="checkbox"/>
WHITE OFFICE PAPER	Pounds/Yr.				<input type="checkbox"/>
CORRUGATED CARDBOARD	Pounds/Yr.				<input type="checkbox"/>
NEWSPAPER	Pounds/Yr.				<input type="checkbox"/>
COMMINGLED MATERIALS	Pounds/Yr.				<input type="checkbox"/>
ALUMINUM CANS	Pounds/Yr.				<input type="checkbox"/>
STEEL/TIN CANS	Pounds/Yr.				<input type="checkbox"/>
PLASTIC BOTTLES AND CONTAINERS	Pounds/Yr.				<input type="checkbox"/>
GLASS BOTTLES & JARS	Pounds/Yr.				<input type="checkbox"/>
YARD TRIM Leaves Grass Brush	Pounds/Yr.				<input type="checkbox"/>
CHRISTMAS TREES	Pounds/Yr.				<input type="checkbox"/>
SCRAP METAL	Pounds/Yr.				<input type="checkbox"/>
VOLUNTARY MATERIALS FOR RECYCLING, REUSE OR SOURCE REDUCTION (Attach list of other materials as needed)					
MATERIAL:					N/A
MATERIAL:					N/A
SOLID WASTE FOR DISPOSAL ONLY — BELOW THIS LINE					
SOLID WASTE FOR DISPOSAL (Trash)	Pounds/Yr.				N/A

* List Container Types.

** DSWS will contact you to schedule a site inspection and provide you an Exemption Request Form.

Signature of Person Completing Form _____

Date _____

Print Name of Signatory and Company Name _____

I hereby certify that as the Corporate Officer, I am responsible for ensuring compliance with applicable County Recycling Regulation 15-04AM, which requires recycling and reporting by my business, and confirm that the above program will be implemented in accordance with the applicable schedule.

Signature of Responsible Corporate Officer _____

Date _____

Print Name of Signatory _____

Montgomery County SORTT Program

101 Monroe Street ■ 6th floor ■ Rockville, MD ■ 20850 ■ 3-1-1 or (240) 777-0311 ■ www.montgomerycountymd.gov/recycling

