



# TOWN OF WESTERLY COMMERCIAL / MULTI-FAMILY RECYCLING PLAN

## BUSINESS / MULTI-FAMILY UNIT INFORMATION

Business Name:

Owner:

**Location** (Address):

Phone:

Cell:

Email:

Mailing Address (if different):

Town/City:

State:

Zip:

## PROPERTY OWNER INFORMATION

*Check here if same as above.*

Name:

Address:

Town/City:

State:

Zip:

Mailing Address (if different):

Town/City:

State:

Zip:

Phone:

Cell:

Email:

## PROPERTY TYPE (Please check at least one)

Office

Restaurant / Bar

School

Warehouse

Multi Family / Condo Assoc.

Retail

Manufacturing

Auto / Service Station

Residential

Hotel / Motel

Health Care

Public Utility

Number of Units:

Other:

## MATERIAL RECYCLED (Please check all that apply)

Office Paper / Mixed Paper

Rigid Plastics

Electronics

Lumber / Other Wood

Newspaper

Cardboard

Books

Plaster / Sheetrock

Bottles, Plastic Jugs/Containers

Alum. Cans

Concrete/Rubble

Roofing

Other:

## HAULER INFORMATION

Name:

Tel:

Waste

Recycling

Name:

Tel:

Waste

Recycling

This form completed by:

Date: