

CITY OF GAINESVILLE

Solid Waste and Recovered Materials Reporting Form

Company Name: _____ **Reporting Month & Year:** _____

Person Submitting this Report: _____ **Reporting Date:** _____

PROVIDE THE FOLLOWING INFORMATION:

SERVICE TYPE	NUMBER OF ACCOUNTS	NUMBER OF ROUTES
Garbage & Trash	_____	_____
Construction & Demolition	_____	_____
Yard Waste	_____	_____
Other Waste* (_____)	_____	_____
Recovered Materials	_____	_____
Organics (Food Waste)	_____	_____
Other Recovered Materials* (_____)	_____	_____

MATERIAL	WEIGHT (TONS) OF MATERIAL COLLECTED
Garbage & Trash	_____ Tons
Construction & Demolition	_____ Tons
Yard Waste	_____ Tons
Other Waste* (_____)	_____ Tons
Organics (Food Waste)	_____ Tons
RECOVERED MATERIALS:	
Corrugated Cardboard (OCC)	_____ Tons
Newspaper (ONP)	_____ Tons
Office Paper (OP)	_____ Tons
Mixed Paper (ONP, OMG, OP, OCC, +)	_____ Tons
Aluminum Cans (UBC)	_____ Tons
Steel Cans	_____ Tons
Glass Containers	_____ Tons
Plastic Containers	_____ Tons
Commingled Containers (Cans & Containers)	_____ Tons
Single-Stream (Mixed Paper, Cans & Containers)	_____ Tons
Other Recovered* (_____)	_____ Tons
Other Recovered* (_____)	_____ Tons

**List other material types inside parentheses above (i.e., "Concrete" or "Other Metals")*

DISPOSAL & RECYCLING FACILITY INFORMATION

MATERIAL		FACILITY NAME	FACILITY LOCATION
Garbage & Trash	1	_____	_____
	2	_____	_____
	3	_____	_____
	4	_____	_____
Constructions & Demolition	1	_____	_____
	2	_____	_____
	3	_____	_____
	4	_____	_____
Yard Waste	1	_____	_____
	2	_____	_____
	3	_____	_____
	4	_____	_____
Recovered Materials	1	_____	_____
	2	_____	_____
	3	_____	_____
	4	_____	_____
Other Waste	1	_____	_____
	2	_____	_____
	3	_____	_____
	4	_____	_____

Monthly reports shall contain an accurate statement of the number of accounts by service level, the number of routes for material collection, the weight of all material collected, and the location and name of disposal and recovered material facilities. This report is due on or before the 20th of each month for the previous month's services.

Submit this report to one of the following:

MAIL
 City of Gainesville
 Solid Waste Division, Sta. 10
 Attn: Tom Strickland
 405 NW 39th Ave.
 Gainesville, FL 32609

EMAIL
waste@cityofgainesville.org

FAX
 352-393-7980