



QUARTERLY REPORTING FORM FOR RECOVERED MATERIALS

QUARTERLY REPORTING PERIOD: _____ to _____

1. Certified Company Name:	_____
2. Facility Name:	_____
3. Company Address:	_____
4. Company City, State, Zip:	_____
5. Company County:	_____

	RECOVERED MATERIALS DESCRIPTION	TOTAL TONS
PAPER	Old Newspapers (ONP)	_____
	Old Corrugated Containers (OCC)	_____
	High Grades/Office Paper	_____
	Mixed Paper	_____
	Subtotal	_____
PLASTIC	Plastic Bottles	_____
	All Other Plastic	_____
	Subtotal	_____
METALS	Aluminum Cans	_____
	Other Non-Ferrous	_____
	Steel Cans	_____
	Other Non-Ferrous	_____
	Subtotal	_____
GLASS, RUBBER & TEXTILES	Glass Containers	_____
	Rubber (do not include tires)	_____
	Textiles	_____
	Subtotal	_____
	TONS OF RECOVERED MATERIALS	TOTAL

TOTAL TONS OF RECOVERED MATERIALS RECEIVED/HANDLED	_____
TOTAL TONS OF SOLID WASTE DISPOSED	_____

Name & address of disposal facilities or waste haulers receiving and collecting solid waste from this facility:		
Company Name	Address	City, State & Zip Code
_____	_____	_____
_____	_____	_____

Under penalty of perjury, I hereby certify that the foregoing information is true and correct to the best of my knowledge and belief. I further represent that the foregoing (other than facility name and location) constitutes trade secrets, as defined in Sec. 812.081(1)(c), F.S., and is to be held as confidential information, exempt from the provisions of Sec. 119.07(1), F.S., unless I have entered my initials in the box below.

Signature of Authorized Representative _____ Title _____ Date _____

By entering my initials in the box, I hereby represent that all information contained hereon is not confidential or trade secret and may be released to the public.

MAIL THIS REPORT TO: City of Sunrise Recycling Administrator, 10770 W. Oakland Park Blvd., Sunrise, Florida 33351.