Val F. Siebal, Director



DivisionsEnvironmental Compliance
Environmental Health

SELF-HAUL FORM FOR MULTI FAMILY RECYCLING

SWA Code Title IV Section 4.01.130

Please fax this form to (916) 875-8513 Attn: Recycling Team

<u> </u>

PLEASE CIRCLE THE MATERIALS AND ESTIMATE THE AMOUNT (LBS) QUARTERLY THAT YOU SELF-HAUL TO RECYCLING FACILITIES:

Materials	(lbs/ quarterly)	Materials	(lbs/ quarterly)	Materials	(lbs/ quarterly)
Cans/all types: Aluminum, steel, or bi-metal cans		Glass bottles, Jars, and containers		Cardboard, and paperboard	
Plastic #1-#7		Mixed papers		Newspapers, magazines, and junk mail	
Other:					

FACILITIES WHERE MATERIALS ARE TAKEN FOR RECYCLING. ATTACH "ADDITIONAL FACILITIES SHEET" IF YOU UTILIZE MORE THAN FIVE FACILITIES:

Name of Facility	Address / Location	Materials Delivered
	oing document and that the facts stat cramento Regional Solid Waste Auth ments therein.	
SIGNATURE (OWNER AND/OR REPRESENTATIVE	TITLE	DATE
		/
	Please Send completed forms to: nvironmental Management Department 10590 Armstrong Avenue, Ste A Mather, CA 95655 nne: (916) 875-8550 • Fax: (916) 875	

		For official use only:
Rec	eived by:	_ Date//
Appl	lication status: Complete:	Yes No
Аррі	roved by:	