

US EPA ARCHIVE DOCUMENT

Sample Cover Letters

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APPENDIX

{Date}

{Name}

{Address}

Dear **{Private Recycling Hauler}**:

The {name of department/agency} would appreciate your assistance in calculating the official 199_ recycling rate. As you know, {name of state or locality} has set a recycling goal of {percentage} percent by 199_. To measure our progress toward achieving this goal, we are collecting data on the amount of municipal solid waste (MSW) recycled in the {state, city, or county}. In addition, these data will help us expand markets for recyclable materials, better allocate resources, make effective solid waste management decisions, and gauge our disposal capacity.

By completing the enclosed Recycling Measurement Survey Form, you will provide us with valuable information. This information will be combined with data from other collectors, processors, and end users of recyclable materials to calculate a recycling rate and to help us plan for the future of solid waste management in {name of state or locality}. Supplying these data to us also provides important benefits to you. By knowing the amount of recyclables collected in the {state, city, or county} we can determine where additional mills or processors might be needed to develop markets for specific materials. This could mean more business opportunities and better markets for you in the future.

To assist us in our recycling measurement efforts, please fill out the enclosed survey form and return it to us by {date of deadline}. Before completing the survey, please take time to read all of the instructions carefully. It is essential that you provide us with the most complete and accurate information available. To ensure confidentiality, please mark any sensitive or proprietary information as "confidential." Please understand that we will not release any confidential information used to calculate our recycling rate.

If you have any questions regarding the Recycling Measurement Survey Form, please contact {name of contact person} at {phone number}. This person is available to provide you with any technical assistance you may need and can also be reached at the following electronic mail address {address}. The results of this survey can be obtained by contacting {name of person} after {date}.

Measuring recycling in our {state, city, or county} is an important endeavor. We hope that you will fill out the survey form carefully and return it to us by the date above.

Thank you for your time and assistance.

Sincerely,

{Name of Recycling Measurement Official}

{Date}

{Name}

{Address}

Dear **{Name of County or City Recycling Coordinator}**:

The {name of department/agency} would appreciate your assistance in calculating the official 199_ recycling rate. As you know, {name of state or locality} has set a recycling goal of {percentage} percent by 199_. To measure our progress toward achieving this goal, we are collecting data on the amount of municipal solid waste (MSW) recycled in the {state, city, or county}. In addition, these data will help us expand markets for recyclable materials, better allocate resources, make effective solid waste management decisions, and gauge our disposal capacity.

By completing the enclosed Recycling Measurement Survey Form, you will provide us with valuable information. This information will be combined with data from other {cities or counties} to calculate a recycling rate and to help us plan for the future of solid waste management in {name of state or locality}. Supplying these data to us also provides important benefits to you. You can use these data to supplement your local solid waste planning efforts, public education and outreach, and local market development.

To assist us in our recycling measurement efforts, please fill out the enclosed survey form and return it to us by {date of deadline}. Before completing the survey, please take time to read all of the instructions carefully. It is essential that you provide us with the most complete and accurate information available.

If you have any questions regarding the Recycling Measurement Survey Form, please contact {name of contact person} at {phone number}. This person is available to provide you with any technical assistance you may need and can also be reached at the following electronic mail address {address}. In addition, we are conducting a training seminar on the reporting requirements on {date} at {location}. Additional information about the training session will be mailed to you shortly. Technical assistance materials including {name(s) of guidebook, documents, etc.} are also available. For more information about the recycling measurement program, contact {contact person} at the number above. The results of this survey can be obtained by contacting {name of person} after {date}.

Measuring recycling in our {state, city, or county} is an important endeavor. We hope that you will fill out the survey form carefully and return it to us by the date above.

Thank you for your time and assistance.

Sincerely,

{Name of Recycling Measurement Official}

{Date}

{Name}

{Address}

Dear **{Waste Disposal Facility}**:

The {name of department/agency} would appreciate your assistance in calculating the official 199_ recycling rate. As you know, {name of state or locality} has set a recycling goal of {percentage} percent by 199_. To measure our progress toward achieving this goal, we are collecting data on the amount of municipal solid waste (MSW) recycled and disposed of in the {state, city, or county}. In addition, these data will help us expand markets for recyclable materials, better allocate resources, make effective solid waste management decisions, and gauge our disposal capacity.

By completing the enclosed Waste Disposal Survey Form, you will provide us with valuable information. This information will be combined with data from other landfills, incinerators, waste-to-energy facilities, transfer stations, and waste haulers to determine the amount of waste generated in the area and calculate a recycling rate. Supplying these data to us voluntarily can prevent us from having to mandate reporting in the future.

To assist us in our waste disposal measurement efforts, please fill out the enclosed survey form and return it to us by {date of deadline}. Before completing the survey, please take time to read all of the instructions carefully. It is essential that you provide us with the most complete and accurate information available. To ensure confidentiality, please mark any sensitive or proprietary information as "confidential." Please understand that we will not release any confidential information used to calculate our recycling rate.

If you have any questions regarding the Waste Disposal Survey Form, please contact {name of contact person} at {phone number}. This person is available to provide you with any technical assistance you may need and can also be reached at the following electronic mail address {address}. The results of this survey can be obtained by contacting {name of person} after {date}.

Measuring recycling in our {state, city, or county} is an important endeavor. We hope that you will fill out the survey form carefully and return it to us by the date above.

Thank you for your time and assistance.

Sincerely,

{Name of Recycling Measurement Official}