

**Village of Libertyville**  
**COMMERCIAL WASTE COLLECTION SURVEY**

*(Please Print)*

Name of Business: \_\_\_\_\_

Name and Title of Responder: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Telephone: \_\_\_\_\_

Email address: \_\_\_\_\_

1. How often is waste collected at your place of business? (Please check one)

- |                                      |   |
|--------------------------------------|---|
| <input type="checkbox"/> 1x per week | <input type="checkbox"/> 2x per week                          |
| <input type="checkbox"/> 3x per week | <input type="checkbox"/> 4x per week                          |
| <input type="checkbox"/> 5x per week | <input type="checkbox"/> Other Schedule (Please detail below) |
- \_\_\_\_\_
- \_\_\_\_\_

2. What size exterior waste collection containers does your business currently use? (Please check all that apply and detail quantity of each)

- |   |       |                                |
|---|-------|--------------------------------|
| a. <input type="checkbox"/> 90 gallon cart(s)   | _____ | Number of containers this size |
| b. <input type="checkbox"/> 1 cubic yard dumpster(s) (H46"xW29")                                      | _____ | Number of containers this size |
| c. <input type="checkbox"/> 1.5 cubic yard dumpster(s) (H49"xW37")                                    | _____ | Number of containers this size |
| d. <input type="checkbox"/> 2 cubic yard dumpster(s) (H50"xW38")                                      | _____ | Number of containers this size |
| e. <input type="checkbox"/> 4 cubic yard dumpster(s) (H52"x W60")                                     | _____ | Number of containers this size |
| f. <input type="checkbox"/> Other size of container(s) or dimensions (Please specify size and number) | _____ |                                |
- \_\_\_\_\_
- \_\_\_\_\_

3. Does your business use a waste compactor along with your waste container(s)?  Yes  No

4. What is the name of the waste hauler(s) that service your business? \_\_\_\_\_

5. How much do you pay for present waste services? \$ \_\_\_\_\_  Monthly  Quarterly  
**(\*\*Please attach a copy of your most recent bill to this survey-this helps assess potential savings)**

6. Does your business recycle?  Yes  No

If yes, answer the following:

a. Who is your recycling hauler? \_\_\_\_\_

b. How much do you pay for recycling collection service? \$ \_\_\_\_\_  Monthly  Quarterly

c. How often is recyclable material collected? \_\_\_\_\_

d. What size recycling container(s) are utilized? \_\_\_\_\_

e. Number of containers this size? \_\_\_\_\_

f. What items are collected in your recycling program? (Please check all that apply):

- |                                      |                                   |   |
|--------------------------------------|-----------------------------------|---|
| <input type="checkbox"/> Cardboard   | <input type="checkbox"/> Plastics | <input type="checkbox"/> Pallets/Wood           |
| <input type="checkbox"/> Mixed Paper | <input type="checkbox"/> Metals   | <input type="checkbox"/> Others (Detail below): |
| <input type="checkbox"/> Newspaper   | <input type="checkbox"/> Glass    |   |
- \_\_\_\_\_
- \_\_\_\_\_

If no, why not? \_\_\_\_\_

Please return this survey using the self-addressed stamped envelope enclosed, or fax it to the Solid Waste Agency of Lake County at (847) 336-9374. If you have questions contact Pete Adrian at 847/336-9340 x 3. This collection of this information will only be used for purposes of this survey and to contact you with further information specific to this survey.

