APARTMENT / CONDOMINIUM RECYCLING PREP BACKGROUND SURVEY

The purpose of this survey is to gather the information needed to understand how a recycling program will be organized at your apartment building or complex. In addition to finding information on who makes mangement decisions and provides the day-to-day management duties, it will also document the the physical layout of the establishment and how and who handles trash as it travels from each apartment to shared storage and removal from the property. The size and type of shared central containers and the frequency of collection are also important to the ultimate design of a cost effective recycling program.

1. Property name: _____

Property address: _____ Zip Code: _____

Contact person: _____ Phone: _____

Email address: _____

2. Owner/Management company:_____

Management address: _____

Contact person:_____ Phone: _____ Email: _____

3. Number of units at this property: _____ Number of buildings at this property: _____

4. Please attach the names of any commercial businesses that may be located in your Multi-family property that utilize your refuse containers.

5. Check the locations of your property where tenants place their trash:

   (1) ☐ Outside their individual unit   (2) ☐ Trash closet on each floor   (3) ☐ One central location   (4) ☐ Multiple locations

If you checked #3 or #4 above, please describe the type and location of the collection containers you will use:

_____

_____

6. Name, address, and phone number of the company that collects your trash: _____

_____

_____

7. How many, and what are the size of your trash containers and what days of the week are they collected?

   No of Containers _____   Size*: _____   Days Collected (circle):   Mon   Tues   Weds   Thurs   Fri   Sat   Sun

   Comments   * If you are unsure of the size, please take a picture of a container from the side.

8. The information provided above was gathered from (dates) _____ to _____ by the following person(s):

NAME	ADDRESS	PHONE	E-MAIL