



City of Maywood

4319 East Slauson Avenue • Maywood, California 90270
Tel: (323) 562-5700 • Fax (323) 773-2806

NOTICE OF ACKNOWLEDGEMENT: Business Recycling Confirmation Self Certification Form

Business Name: _____

Business Address: _____

Owner Name: _____ Contact #: _____

Business License # _____

RECYCLING OPTION:

Please select One:

1. Commercial Waste Services (City's Contracted Waste Hauler)

2. Self Recycle / Third Party Recycler

a. Include type of materials & pounds or amount being recycled
(example: 5 cans per day; 1 trash bag per day; 1/2 bin per week)

- | | | |
|--|---------|---|
| <input type="checkbox"/> Bottles | # _____ | <input type="checkbox"/> daily <input type="checkbox"/> weekly <input type="checkbox"/> Monthly |
| <input type="checkbox"/> Cans | # _____ | <input type="checkbox"/> daily <input type="checkbox"/> weekly <input type="checkbox"/> Monthly |
| <input type="checkbox"/> Plastic | # _____ | <input type="checkbox"/> daily <input type="checkbox"/> weekly <input type="checkbox"/> Monthly |
| <input type="checkbox"/> Paper | # _____ | <input type="checkbox"/> daily <input type="checkbox"/> weekly <input type="checkbox"/> Monthly |
| <input type="checkbox"/> Cardboard | # _____ | <input type="checkbox"/> daily <input type="checkbox"/> weekly <input type="checkbox"/> Monthly |
| <input type="checkbox"/> Glass | # _____ | <input type="checkbox"/> daily <input type="checkbox"/> weekly <input type="checkbox"/> Monthly |
| <input type="checkbox"/> Metal | # _____ | <input type="checkbox"/> daily <input type="checkbox"/> weekly <input type="checkbox"/> Monthly |
| <input type="checkbox"/> Organics/Yard Waste | # _____ | <input type="checkbox"/> daily <input type="checkbox"/> weekly <input type="checkbox"/> Monthly |
| <input type="checkbox"/> Other | _____ | |

Please include type, amount and frequency

Contact Information of Third Party Recycler:

3. Not Recycling

Current Trash service _____
of bins _____ size (ie 3 cy) # of pickups/wk _____
% Recyclable _____ (i.e.: 50% paper or 1/2 bin cardboard)

Comments _____

Applicant's Signature _____ Date: _____

Applicant's Name (Print): _____