



# City of Maywood

4319 E. Slauson Ave, Maywood CA, 90270

Phone (323)562-5700 – Fax (323)773-2806

## NOTICE OF ACKNOWLEDGEMENT: Business Recycling Confirmation

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

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

Owner Name: \_\_\_\_\_ Contact #: \_\_\_\_\_

### RECYCLING OPTION:

Please select One:

- 1. Republic Services
- 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; ½ 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	_____
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% Recyclable \_\_\_\_\_ (i.e.: 50% paper or ½ bin cardboard)

Comments \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Name (Print): \_\_\_\_\_