Revised 7/06

ANNUAL REPORT FORM CLASS D (ALL OTHER UNIVERSAL WASTE) RECYCLING CENTERS

	(Year)						
FACILITY NAME:	NAME:				FACILITY ID #:		
REPORTED BY:				PHONE #:			
COUNTY OF ORIGIN:				DATE:			
	(Use separate form for each County)						
(Circle Tons, Gallons or Lbs as appropriate)							
Municipality (ies)	Batteries	Mercury Containing Devices	Consumer Electronics	Lamps	Oil Based Paint	Latex Paint	
TOTAL							

(Make additional copies as necessary)

I certify that the information entered above is true to the best of my knowledge.

Signature _____ Title _____ Date _____

THIS FORM MUST BE RECEIVED BY APRIL 1ST OF THE YEAR FOLLOWING THE DATA REPORTED ABOVE.

New Jersey Department of Environmental Protection Solid and Hazardous Waste Program Bureau of Recycling and Planning P.O. Box 414 Trenton, NJ 08625-0414 Attn: Carol Puca