

(Year)

COUNTY OF ORIGIN: _____ **DATE:** _____

(Circle Tons, Gallons or Lbs as appropriate)

(Make additional copies as necessary)

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