



Department of Environmental Protection
 Bureau of Material Management
 & Compliance Assurance
 79 Elm Street – 4th Floor
 Hartford, CT 06106-5127

CONNECTICUT SOLID WASTE COLLECTOR ANNUAL MUNICIPAL SOLID WASTE REPORTING FORM FOR HRRRA MUNICIPALITIES FY 2016-17

Use one form per town/city in which you collect

This form must be completed and submitted by collectors (i.e. haulers) of solid waste and recyclables by **July 31st** for the previous Fiscal Year (i.e., July 1, 2016-June 30, 2017) to each CT municipality in which they collect. **Completed reports for all HRRRA member municipalities should be submitted to HRRRA in person or by mail (Old Town Hall, 162 Whisconier Rd, Brookfield, CT 06804), fax (203-617-4727) or by e-mail to info@hrra.org.**

THIS FORM IS FOR THE TOWN/CITY OF: _____

COLLECTOR/HAULER - CONTACT INFORMATION: _____

Collector Name: _____ Contact Person: _____ Phone # _____

Street Address : _____ Town: _____ State: _____ Zip Code: _____

Mailing Address: _____ E-mail: _____

PART I – Recyclables Collected

RECYCLABLE ITEMS COLLECTED	SOURCE ¹ (check all that apply)	DESTINATION OF RECYCLABLES	TONS
Recyclables Collected	<input type="checkbox"/> Residential <input type="checkbox"/> Non-Residential <input type="checkbox"/> Mix-Res&NonRes	Destination Name: Destination Address :	
Recyclables Collected	<input type="checkbox"/> Residential <input type="checkbox"/> Non-Residential <input type="checkbox"/> Mix-Res&NonRes	Destination Name: Destination Address :	
Recyclables Collected	<input type="checkbox"/> Residential <input type="checkbox"/> Non-Residential <input type="checkbox"/> Mix-Res&NonRes	Destination Name: Destination Address :	
Recyclables Collected	<input type="checkbox"/> Residential <input type="checkbox"/> Non-Residential <input type="checkbox"/> Mix-Res&NonRes	Destination Name: Destination Address :	
Recyclables Collected	<input type="checkbox"/> Residential <input type="checkbox"/> Non-Residential <input type="checkbox"/> Mix-Res&NonRes	Destination Name: Destination Address :	
Recyclables Collected	<input type="checkbox"/> Residential <input type="checkbox"/> Non-Residential <input type="checkbox"/> Mix-Res&NonRes	Destination Name: Destination Address :	

SOURCE means real estate containing one or more dwelling units. Condominiums and apartments are residential sources of recyclables. Hospitals, motels or hotels are “nonresidential” - CGS Section 22a-220a(a). Any waste (other than waste oil) burned is considered disposed.

TONS – It is mandatory to report tons if the 1st destination of the recyclables is *out-of-state* or is *an end user* (e.g. paper mill, manufacturer, etc.). Ideally, tonnages should be reported for **recyclables** which never pass through a CT-permitted solid waste facility.

PART II – Other Solid Waste Collected

TYPE OF WASTE COLLECTED	1 st DESTINATION FOR OTHER SOLID WASTE (not recyclables)	TONS ²
MSW	Destination Name: Destination Address :	
	Destination Name: Destination Address :	
Oversized MSW i.e. furniture, carpets, mattresses, etc	Destination Name: Destination Address :	
	Destination Name: Destination Address :	
Mixed Construction & Demolition Waste	Destination Name: Destination Address :	
	Destination Name: Destination Address :	
Landclearing – Stumps & Logs	Destination Name: Destination Address :	
	Destination Name: Destination Address :	
Other Solid Waste – Specify Type:	Destination Name: Destination Address :	
Other Solid Waste – Specify Type:	Destination Name: Destination Address :	

Part III - Certification and Signature

This report, which is required to be submitted to each municipality in which your company collects solid waste (including recyclables) on a regular basis, shall be signed by your company's chief executive officer or a duly authorized representative of such officer and by the individual(s) responsible for actually preparing this document. Each such individual shall certify in writing as follows:

"I have personally examined and am familiar with the information submitted in this document and all attachments thereto, and I certify, based on reasonable investigation, including my inquiry of those individuals responsible for obtaining the information, that the submitted information is true, accurate and complete to the best of my knowledge and belief. I understand that any false statement made in the submitted information may be punishable as a criminal offense under §53a-157b of the Connecticut General Statutes and any other applicable law."

Print Name of Collector/Hauler- Chief Executive Officer: _____

Signature of Chief Executive Officer or Authorized Representative: _____

Print Name of Authorized Representative: _____

Person Responsible for preparing report: _____

Signature of person preparing report: _____