



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 2019-20**  
 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, 2019-June 30, 2020) 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 (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 Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Phone #: \_\_\_\_\_ Street Address : \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

**PART 1 - RECYCLABLES COLLECTED**

<b>RECYCLABLE ITEMS COLLECTED</b> <i>(See list at bottom of page)</i>	<b>SOURCE<sup>1</sup></b> <i>(check all that apply)</i>	<b>DESTINATION OF RECYCLABLES</b> <i>(Where is the material being tipped?)</i>	<b>TONS<sup>2</sup></b> <i>(If out of state)</i>
	<input type="checkbox"/> Residential <input type="checkbox"/> Non-Residential <input type="checkbox"/> Both	Destination Name: Address :	
	<input type="checkbox"/> Residential <input type="checkbox"/> Non-Residential <input type="checkbox"/> Both	Destination Name: Address :	
	<input type="checkbox"/> Residential <input type="checkbox"/> Non-Residential <input type="checkbox"/> Both	Destination Name: Address :	
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	<input type="checkbox"/> Residential <input type="checkbox"/> Non-Residential <input type="checkbox"/> Both	Destination Name: Address :	
	<input type="checkbox"/> Residential <input type="checkbox"/> Non-Residential <input type="checkbox"/> Both	Destination Name: Address :	

**RECYCLABLE ITEMS:** Mixed Recyclables, Dual Stream, Glass, Card board, Food Waste, Scrap Metal, Brush, Leaves, Other List items

**1 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.

**2 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 2 - OTHER SOLID WASTE COLLECTED**

TYPE OF SOLID WASTE COLLECTED for DISPOSAL	CT CITY or CT TOWN within which the material was GENERATED from	NAME & DESTINATION OF MATERIAL <i>(Where is the material being tipped?)</i>	TONS <sup>2</sup> <i>(If out of state)</i>
MSW			
MSW			
MSW			
<b>OVERSIZED MSW</b> <i>i.e. furniture, carpets, mattresses, etc.</i>			
<b>OVERSIZED MSW</b> <i>i.e. furniture, carpets, mattresses, etc.</i>			
<b>OVERSIZED MSW</b> <i>i.e. furniture, carpets, mattresses, etc.</i>			
<b>Construction &amp; Demolition Waste</b>			
<b>Construction &amp; Demolition Waste</b>			
<b>Landclearing Logs &amp; Stumps</b>			
<b>Landclearing Logs &amp; Stumps</b>			
<b>Others</b> <i>Specify:</i>			
<b>Others</b> <i>Specify:</i>			

**PART 3 - CERTIFICATION & 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: \_\_\_\_\_