

City of Carpinteria

Third Party Reporting Form



INSTRUCTIONS: Please list all requested information in the Table below. Include the signature of the business representative. One form per business. Incomplete forms will not be accepted. Duplicate this form when necessary. When needed, use a second sheet to record all information.

BUSINESS NAME: _____

ADDRESS: _____

For MONTH of: _____ YEAR of: _____ Today's Date: _____

TYPE of DIVERSION PROGRAM (Recycling; Reuse; Source Reduction)	MATERIAL TYPE <i>Specify type of Material:</i> white or mixed paper; cardboard; wood; plastic; aluminum; glass; metal; food waste; greenwaste; tires, etc.	3 rd PARTY COLLECTION COMPANY (Company Name, Address, Phone & Fax Number or e-mail)	TOTAL in POUNDS Quarterly Volume Diverted	TOTAL in TONS Quarterly Volume Diverted <i>[divide pounds by 2000]</i>
QUARTERLY TOTAL				

I understand that all of the information provided above is subject to verification by the City of Carpinteria and declare, under penalty of perjury, that the information provided is true and correct.

Authorized Signature: _____ Date: _____

Printed Name: _____ Phone Number: _____