



ANNUAL SOLID WASTE AND RECYCLABLES REPORTING FORM
FOR PERMITTED HAULERS OPERATING in the Town of Sharon

Instructions

All sections of this form must be completed and submitted to the Health Department with your Annual Permit Renewal Application. Private Hauler permits will not be issued unless and until this report is filed.

Reporting Period

For the period starting _____ through _____
Month/Date/Year Month/Date/Year

Company Information

- Company Name
Name of Person Completing Form
Address
City, State ZIP Code
Phone
E-Mail

In the table below, please provide the average number of Sharon Customers you served during this 12-month reporting period, by category type.

Table with 2 columns: Category, Customer Count. Rows include Residential, Commercial, and Commercial Customers for Solid Waste and Recyclables.

Tonnage Data

Please provide the total tons of Solid Waste and Recyclables collected from Residential Customers within the Town of SHARON during the reporting period. (Note: In the case where your company delivers loads for disposal or recycling that are combined with more than one municipality, you must provide your best estimate of tonnage delivered from the Town of SHARON. (Weight slips must be provided upon request from the Health Department.)

Table with 2 columns: Solid Waste, Recyclables. Rows for Tonnage and Disposal or Processing Facility.

Please check all and make sure all associated attachments are included. If Not Applicable, enter (NA). Incomplete applications will not be considered.

- I have attached a list of all Residential and Commercial Customers using each service (Solid Waste, Recycling) during the previous calendar year within the Town of Sharon.
I have attached names and addresses of Commercial Customers who are provided Solid Waste only collection.
I have attached names and addresses of Commercial Customers who are provided Recyclables only collection.
I have been in communication with the Health Department regarding Customer set-outs not in compliance with the Town of Sharon regulation.
I have attached copies of all Waste Ban violation letters or notices received by my company during the prior year that refer to loads collected within the Town of Sharon.

Signature of Company Official Printed Name Title Date