

ACT 101 RECYCLING COMPLIANCE REPORT
FOR COMMERCIAL, MUNICIPAL AND INSTITUTIONAL FACILITIES
DUE JUNE 30, 2016 TO CITY OF READING

Name of Establishment _____

Address _____ City _____ Zip _____

Phone _____ Email _____ Fax _____

Primary Business Function _____

Please indicate below how your recyclable materials are collected.

If any of the three boxes below are checked, the annual tonnage from your recycling company must be attached.

- Collected by recycling facility or hauler (name) _____
- Collected by confidential document destruction company (name) _____
- Establishment delivers to drop-off or curbside program (location) _____

If one of the boxes below is checked, weight slips must be attached.

- Establishment delivers materials to recycling facility (name) _____
- Other (please specify) _____

***If you own more than one property, a form and annual tonnage report must be submitted for each property.**

Please return this form and the annual tonnage report from your hauler in the enclosed envelope
OR
scan and email to ReadingRecycles@readingpa.gov by June 30, 2016.

I certify, to the best of my knowledge, that the information on this form is complete and accurate. I further authorize the Municipality to aggregate this report for DEP reporting purposes. If a legible weight ticket is attached, this report may also be used for DEP grant purposes.

Authorized Representative

Title

Signature

Date