NON-FRANCHISE SOLID WASTE COLLECTION & TRANSPORT PERMIT

QUARTERLY ACTIVITY REPORT

SECTION 1: PERMITEE INFORMATION

PERMITEE NAME :	
BUSINESS NAME (If different than above) :	
PERMITTEE ADDRESS :	CITY / STATE / ZIP CODE :

SECTION 2: REPORTING PERIOD

YEAR :
QUARTER : ❑ Q1 ❑ Q2 ❑ Q3 ❑ Q4

SECTION 2: REPORTING INFORMATION

Date	Collection Location	Type of Material**	Weight	Final Destination of Material	Receipt Number

(**Note: APP – appliances, B/C – bottles/cans, C&P – cardboard & paper, C&D – construction & demolition debris, CS – contaminated soil, EW – electronic waste, F/M – furniture/mattresses, GRN – green waste/wood waste, MCW – mixed commercial waste, MSW – municipal solid waste, NIW – non-hazardous industrial waste, SM – scrap metal, OTH – other)