

Annual Reporting Information

Facility Name:	Year:
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Name of Person Completing Form: _____

Phone Number:	Email Address:
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Average Landfill Tipping Fees	Average Transfer Station Tipping Fees
MSW:	MSW:
Tires:	Tires:
Special Waste:	

General Comments: _____

Did you select "Other or Co-mingled" for a recyclable or solid waste material type(s) accepted at your facility?

If yes, name specific material(s): _____

Did you select "OTHER-IN/OUT OF-STATE" for a facility you sent solid waste or recyclable materials to?

If yes, name specific facility: _____

Forms: Include additional notes on attached forms or why forms were not attached this year

Financial Assurance: _____

Environmental Monitoring Summary: _____

Landfill Capacity Worksheet: _____