



CITY OF SAN DIMAS PUBLIC WORKS DEPARTMENT
THIRD PARTY MONTHLY REPORTING FORM

INSTRUCTIONS: Please list all requested information in the table below. One form is required per business. An authorized signature of the business representative is required. Incomplete forms will not be accepted. When needed, use a second sheet to record all information. Please submit form(s) to publicworks@sandimasca.gov.

Business Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Month: _____ Year: _____ Today's Date: _____
 (1, 2, 3, 4)

TYPE OF DIVERSION PROGRAM <i>(Recycling; Reuse; Source Reduction)</i>	MATERIAL TYPE <i>Specify type of material (i.e. aluminum; glass; metal; food waste; green waste; etc.)</i>	THIRD-PARTY COLLECTION COMPANY <i>Company Name, Address, Phone, and Fax No. or E-mail</i>	TOTAL DIVERTED IN POUNDS <i>Monthly Amount</i>	TOTAL DIVERTED IN TONS <i>Monthly Volume [divide pounds by 2000]</i>
TOTAL =				

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

Authorized Signature: _____ Date: _____

Printed Name: _____ Email: _____

Position: _____ Phone #: _____

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