



Charles County Government  
**Department of Public Works**  
Environmental Resources

**Office Building Recycling  
Registration Form**

This Form Is:  First Submittal

Revised Form

Date: \_\_\_\_\_

**Section 1:**

**Property Information**

Property Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Office Space Square Footage: \_\_\_\_\_

**Section 2:**

**Property Owner/Manager Information**

**For Owners:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**For Management Companies:**

Company: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Section 3:**

**Current Waste/Recycling Hauler Information**

- This property receives **waste services** from \_\_\_\_\_ (List service provider)
- This property receives **recycling services** from \_\_\_\_\_ (List service provider)
- This property does not currently receive recycling services

**Section 4:****Waste and Recycling Containers**

Indicate the number of containers used for trash and recycling collection. If you are unsure how to complete this section, check with your waste/recycling hauler before submitting. If you do not currently have a recycling program, please indicate the type and number of recycling containers that will be implemented at the property and complete Section 5.

<b>Current Trash Containers</b>		
<b>Type of Containers</b>	<b># of Containers</b>	<b>Collection Frequency</b>
2 cu. yd dumpster		
4 cu. yd dumpster		
6 cu. yd dumpster		
8 cu. yd dumpster		
96 gallon cart		
Roll-off container		
Compactor		
Trash chute		
Valet bags		
Other:		

<b>Current Recycling Containers</b>		
<b>Type of Containers</b>	<b># of Containers</b>	<b>Collection Frequency</b>
2 cu. yd dumpster		
4 cu. yd dumpster		
6 cu. yd dumpster		
8 cu. yd dumpster		
96 gallon cart		
Roll-off container		
Compactor		
Trash chute		
Valet bags		
Other:		

**Section 5:****Future Recycling Program Information**

Provide information on your future recycling program. This is not binding and can be changed at anytime by submitting a new Registration Form.

Start Date for Recycling Program: \_\_\_\_\_

The following materials will be recycled at this property:

<input type="checkbox"/> Paper	<input type="checkbox"/> Tin/steel Cans
<input type="checkbox"/> Cardboard	<input type="checkbox"/> Glass
<input type="checkbox"/> Plastic Containers	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Aluminum Cans	

Collection Information:

- This property plans to use the waste hauler noted in Section 3 for recycling collection.
- This property plans to use (list company) \_\_\_\_\_ for recycling collection.
- This property plans to self-haul recycling to the following location \_\_\_\_\_.

**Section 6:****Signature**

By completing this section I affirm that the information provided on this form is true, correct and complete to the best of my knowledge.

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Please email your completed form to RomeroM@CharlesCountyMD.gov or you may fax it to 301-932-3579. Please save a copy for your records.**