



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.

Current Trash Containers		
Type of Containers	# of Containers	Collection Frequency
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:		

Current Recycling Containers		
Type of Containers	# of Containers	Collection Frequency
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](mailto:RomeroM@CharlesCountyMD.gov) or you may fax it to 301-932-3579. Please save a copy for your records.**