

TOWN OF OYSTER BAY
2002 WASTE REMOVAL PERMIT APPLICATION
RECYCLING ADDENDUM

(must be notarized)

NAME OF APPLICANT (if corporation, partnership, etc., state name of business): _____

ADDRESS: _____

PHONE: () _____

1. Have you recycled any solid waste within the Town of Oyster Bay within the previous year?
YES NO

If yes, specify:

ITEM	TONS OR POUNDS PER YEAR		NAME OF FIRM TO WHICH MATERIAL IS SOLD, DELIVERED TO OR PICKED UP
	TONS	POUNDS	
Aluminum	_____	_____	_____
Other Metals	_____	_____	_____
Newspapers	_____	_____	_____
Glass	_____	_____	_____
Cardboard	_____	_____	_____
Leaves or other vegetation (for compost)	_____	_____	_____
Office paper (white)	_____	_____	_____
Office paper (colored)	_____	_____	_____
Office paper (computer)	_____	_____	_____
Plastics	_____	_____	_____
Tires	_____	_____	_____
Waste motor oil	_____	_____	_____
Consumer batteries	_____	_____	_____
Motor vehicle batteries	_____	_____	_____
Other (specify)* _____	_____	_____	_____
Other (specify)* _____	_____	_____	_____

Do you plan any recycling during 2002
YES NO UNSURE

2. Do you separate these materials from the waste stream yourself or do you require customers to do so?
YOURSELF CUSTOMERS COMBINATION OF BOTH

*USE ADDITIONAL SHEETS IF NECESSARY

Signature of Applicant

Subscribed and sworn to before me this _____ day of _____ 20____

Print Name and Title

Date

Notary Public
(Seal or Stamp must be affixed to each original)