

CVSWMD MONTHLY SOLID WASTE REPORT

This form may be photocopied or reproduced if more space is necessary.

Date: _____ Submitting for the month of _____ Year 20 _____

(The month listed above is for the month the waste was collected and disposed of. Monthly reports are required of all licensed haulers and are due within thirty (30) days following the end of each month. Surcharge owed is also due within thirty (30) days of the end of each month)

Hauler or Business Name: _____

Contact Name (if different from above): _____

Contact Phone Number: _____

TRASH COLLECTION

Total tons trash collected _____

Total tons trash collected NOT taken to a facility which collects the surcharge on your behalf (i.e. Casella CV Transfer Station) _____ X \$30.00/ton surcharge

Surcharge payment enclosed \$ _____

Please check here if payment is being sent under separate cover.

RECYCLING COLLECTION

Total tons recycling collected _____

Please specify types and amounts of material collected. Attach additional sheets if necessary.

material	total tons	destination facility

"Under penalties of perjury, I declare that I have examined this return and the accompanying schedules and to the best of my knowledge and belief it is true, correct, and complete."

Signature, Title

Send completed reports to CVSWMD at 137 Barre St., Montpelier, VT 05602 or by fax to 802-229-1318 or e-mail to adminmanager@cvswwmd.org. It is the responsibility of the sender to confirm electronic submittals. For questions contact us at 802-229-9383 ext. 102.