



Part 3: Commercial Recycling Rebate Pilot Term 1 Survey and Service Invoices

Data:

Applicant Name: _____

Organization Name: _____

Description and cost of **current** services:

Material	Container Type:	Number of Containers	Size of Container	Units	Collections Per Week	Service Provider
Trash	<input type="radio"/> Dumpster <input type="radio"/> Compactor <input type="radio"/> Cart			<input type="radio"/> Cubic yards <input type="radio"/> Gallons		
Trash	<input type="radio"/> Dumpster <input type="radio"/> Compactor <input type="radio"/> Cart			<input type="radio"/> Cubic yards <input type="radio"/> Gallons		
Trash	<input type="radio"/> Dumpster <input type="radio"/> Compactor <input type="radio"/> Cart			<input type="radio"/> Cubic yards <input type="radio"/> Gallons		
Recyclables	<input type="radio"/> Dumpster <input type="radio"/> Compactor <input type="radio"/> Cart			<input type="radio"/> Cubic yards <input type="radio"/> Gallons		
Recyclables	<input type="radio"/> Dumpster <input type="radio"/> Compactor <input type="radio"/> Cart			<input type="radio"/> Cubic yards <input type="radio"/> Gallons		
Recyclables	<input type="radio"/> Dumpster <input type="radio"/> Compactor <input type="radio"/> Cart			<input type="radio"/> Cubic yards <input type="radio"/> Gallons		
Compost	<input type="radio"/> Dumpster <input type="radio"/> Compactor <input type="radio"/> Cart			<input type="radio"/> Cubic yards <input type="radio"/> Gallons		
Compost	<input type="radio"/> Dumpster <input type="radio"/> Compactor <input type="radio"/> Cart			<input type="radio"/> Cubic yards <input type="radio"/> Gallons		

Submit copies of itemized invoice for all Term 1 services. Please do not send original receipts.

Term 1 Survey:

1. How did you promote your new program to employees, customers, or tenants? Check all that apply:

- Email
- Memo
- Newsletter
- Staff meeting or presentation
- Kick-off event
- Signage
- Competition
- Other _____

2. How difficult was it to introduce recycling at your facility?

1 easy, 5 difficult

1	2	3	4	5
<input type="checkbox"/>				

3. How difficult was it to compost at your facility?

<input type="checkbox"/>				
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4. What advice would you give to others who are starting up compost collection and/or recycling services?

5. How successful do you think your recycling and compost collection programs will be after participating in the rebate program?

1 not successful at all, 5 very successful

1	2	3	4	5
<input type="checkbox"/>				

6. Have you seen a reduction in your landfill trash since the beginning of this rebate?

Y	N	I don't know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Select the top three materials that you see in your

Landfill trash	_____	_____	_____
Recycling	_____	_____	_____
Compost	_____	_____	_____

8. On average, how full are the dumpsters/containers right before they are picked up? (e.g.: 25%, 33%, 50%, 66%, 75%, full, overflowing)

Landfill trash _____

Recycling _____

Compost _____

Execution:

I am the owner or an authorized representative of the owner of the Property, and in that capacity agree to the rules and conditions in the application for this property and in the **Commercial Recycling Rebate Pilot Overview**. The information provided in this Term 1 Survey and Service Invoices is true and correct to the best of my knowledge.

I understand and agree to all rules and conditions of the [Commercial Recycling Rebate Pilot](#).

Applicant Signature: _____ **Date:** _____

Printed name and title: _____

Organization Name: _____