

ANNUAL SOLID WASTE AND RECYCLABLES REPORTING FORM FOR PERMITTED HAULERS OPERATING IN THE TOWN OF HARVARD

Instructions

Haulers applying to Harvard for the first time, and those applying to haul only single-material or temporary, roll off dumpsters, as defined in Article IV: Solid Waste and Recyclables, Ch. 145, Section 37 of the Code of the Town of Harvard, do not need to complete this form. All applications for renewal permits for full permitting privileges must be accompanied by this report and all required attachments.

Reporting Period						
For the period starting	/ /202 MONTH/DATE/YEA	<u>22 </u>	/ MONTH/DATE	<u>/2023</u> /YEAR		
Company Information						
Company Name						
Name of Person Completing Form						
Address						
City, State ZIP Code						
Phone						
E-Mail						
In the table below, please preporting period, by catego		ge number of Ha	rvard Custome	rs you served during	g this 12-month	
Category				Custon	ner Count	
Residential Customers: Solid Waste	and Recyclables					
Commercial Customers: Solid Waste and Recyclables						
Residential Customers: Recyclables Only						
Commercial Customers: Recyclables Only						
Commercial Customers: Solid Wast	e Only					
Tonnage Data Please provide the total tons of Solid Waperiod. (Note: In the case where your coyour best estimate of tonnage delivered	mpany delivers load:	s for disposal or recy	cling that are com	bined with more than o	ne municipality, you must provide	
		Solid Waste		Recyclables		
Tonnage						
Disposal or Processing Facility						
					If Not Applicable, enter (N/A)	

Revised: 10/3/23

Signature	Printed Name	Title	Date			
in compliance with the har	varo regulation.					
The company has been in communication with the Board of Health regarding any Customer set-outs not in compliance with the Harvard regulation.						
	of the company applying for a renewal					
Please certify the following stat	ements:					
•	of all Waste Ban violation letters or not s collected within the Town of Harvard	• •	pany during the			
provided Solid Waste only	rcial Generator Exemption forms for ea collection. Alternately, I have attached Customers provide the Board of Health	a written statement con	firming I have			
☐ I have attached names collection.	and addresses of Commercial Custome	rs who were provided So	lid Waste only			
\square I have attached names a collection.	nd addresses of Commercial Customer	s who were provided Red	cyclables only			
\square I have attached names collection.	and addresses of Residential Customer	s who were provided Red	cyclables only			
☐ I have attached names collection.	and addresses of Commercial Custome	rs who were provided So	lid Waste and Recyclable			