

CITY OF NEWARK

RECYCLE VERIFICATION FORM

CONTRACTOR INFORMATION

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE NUMBER: _____

WORK SITE LOCATION

ADDRESS: _____

START DATE: _____

DESCRIPTION OF WORK: _____

RECYCLING INFORMATION

(CIRCLE ONE)

ITEMS RECYCLED:

CONCRETE

ROOFING MATERIAL

BLACKTOP

DEMOLITION DEBRIS

WOOD STUPS

NAME OF RECYCLING MARKET: _____

ADDRESS: _____

CONTRACTORS SIGNATURE: _____

PRINT NAME: _____