



COMMERCIAL BUSINESS RECYCLING PASS

This is to certify that the following business is allowed to dump the material(s) listed below:

BUSINESS INFORMATION:

Business representative(s):	Business Name:
Address:	City, State, Zip Code:
Phone:	Email:

MATERIALS TO DUMP:

- | | |
|---|---|
| <input type="checkbox"/> Aluminum Cans | <input type="checkbox"/> Corrugated Cardboard |
| <input type="checkbox"/> Glass Bottles / Jars | <input type="checkbox"/> Newspaper |
| <input type="checkbox"/> Office Paper | <input type="checkbox"/> Other: |

! PLEASE SHOW THIS TO THE ATTENDANT BEFORE DUMPING !

This permit expires on: ____/____/____ (6 months from current date)

Issued by: _____ Date: ____/____/____