



Howard County Event Recycling Reporting Form

This Form is required to be completed by the Event Contact for qualifying events that had 1,000 or more participants. Failure to complete the Form within 30 days of the event may result in a \$50.00 fine.

Event Name and Date:

Event Contact Name:

Number of Attendees:

Recycling Company

Was recycling collected in bins, carts, or roll-offs? If so, how many?

Bins	Carts	Roll-off Containers
------	-------	---------------------

Provide an estimate by volume or weight.

Total volume:
Total weight:

If you need assistance estimating volume, mark how many containers were:

Empty	1/4	1/2	3/4	Full
-------	-----	-----	-----	------

Were food scraps collected & composted? If yes, by which Collection Company/Processor?

Yes	No	Collection Company/Processor
-----	----	------------------------------

Were food scraps collected in a bucket, cart, or other?

Bucket	Cart	Other
--------	------	-------

Provide an estimate by volume or weight.

Total volume:
Total weight:

If you need assistance estimating volume, mark how many containers were:

Empty	1/4	1/2	3/4	Full
-------	-----	-----	-----	------

If food scraps were **not** collected, why not?

Trash Collection Company

Was trash collected in 40 gallon cans, 50 gallon barrels, roll-off containers, or other containers?

40 Gal. Cans	50 Gal. Barrels	Roll-off Containers	Other (describe)
--------------	-----------------	---------------------	------------------

Provide an estimate by volume or weight.

Total volume:
Total weight:

If you need assistance estimating volume, mark how many containers were:

Empty	1/4	1/2	3/4	Full
-------	-----	-----	-----	------

Complete and send this form to kreichart@howardcountymd.gov or fax to 410-313-6490 c/o/ Kim Reichart. If you have any questions, please call 410-313-6442.

Signature: _____ Date: _____