

GALLOWAY TOWNSHIP
TONNAGE REPORTING FORM FOR RECYCLED MATERIALS *(Calendar Year 2010)*
CONTRACTOR

*Name of Business _____

*Contact Person _____

*Mailing Address _____

*Title _____ *Email _____

*City, State, Zip _____

*Phone # _____ *Fax _____

*Type of organization/business _____

** Must be filled in*

RECYCLED MATERIAL	AMOUNT	COLLECTED FROM :	ADDRESS	NAME OF MARKET (if applicable)	ADDRESS OF MARKET
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

I, the undersigned, certify that to the best of my knowledge, the information provided is accurate.

 Print or type name of business representative

 Signature

 Title

 Date

TOWNSHIP OF GALLOWAY
RECYCLING OFFICE
COMMUNITY SERVICES DIVISION OF PUBLIC WORKS
636 S. NEW YORK ROAD
GALLOWAY, NJ 08205