

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

\*Name of Business \_\_\_\_\_

\*Mailing Address \_\_\_\_\_

\*City, State, Zip \_\_\_\_\_  
\_\_\_\_\_

\*Contact Person \_\_\_\_\_

\*Title \_\_\_\_\_ \*Email \_\_\_\_\_

\*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

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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**TOWNSHIP OF GALLOWAY  
RECYCLING OFFICE**

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