

WASTE & RECYCLING COMPLAINT FORM
For a Commercial or Institutional Facility

Name of Municipality

(This Form is To Be Completed by Municipal Staff)

I. Information About the Person Making the Complaint

Name: _____

Home Address: _____

City, State, Zip: _____

Daytime Phone No.: _____ Evening Phone No. _____

Email: _____ Cell Phone No. _____

II. Information About a Waste and Recycling Complaint:

Name of Commercial or Institutional Facility: _____

Conduct Complained About (Example: facility does not provide recycling for employees - tenants, recycling is not collected, etc.):

Date of Conduct: _____

Location of Conduct: _____

Confidentiality: The Municipality will keep your personal information confidential at your option. Do you want your personal information to remain confidential unless you waive confidentiality at some future date? Yes No

III. Information About Municipal Official Preparing Form

Name and Title: _____

Date this Form Was Completed: _____

Instructions: Send copies of the completed form to the municipal manager, Hough Associates, Consultant and Mark Hosterman, Solicitor for the Northern Montgomery County Recycling Commission.