

**WASTE & RECYCLING COMPLAINT FORM  
For a Residential 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 Residential Facility: \_\_\_\_\_

Conduct Complained About (Example: facility does not provide recycling for residents/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.