

Recycling Summary Report

Permit # _____

Project Address _____ Contractor Name _____

<u>Material</u>	<u>Reuse/Salvage</u> <u>(lbs. or tons)</u>	<u>Disposal</u> <u>(lbs. or tons)</u>	<u>Recycled</u> <u>(lbs. or tons)</u>	<u>Destination</u>
Mixed Debris (all materials)				
Concrete/Asphalt/Dirt				
Brick/Masonry/Tile				
Carpet/Foam Padding				
Roofing				
Drywall				
Scrap Metal				
Unpainted Wood/ Pallets				
Pallets				
Green Waste				
Plastic				
Other (materials)				

Name and Address to send refund: (refunds are returned to paying applicant)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining and or providing information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and or imprisonment.

To be SIGNED by responsible party:

DATE:

Contractor _____

Property Owner _____

Please provide completed form and certified weight tickets to the Environmental Programs within 60 days of completion of the project or your refund will be forfeited. You may mail completed information to 910 Calle Negocio, San Clemente, CA 92673 or fax to (949) 361-8316 or email to mcintoshd@san-clemente.org. If you have any questions, please call (949)498-9436.