

DO NOT LANDFILL CONSTRUCTION DEBRIS

Recycling Summary Report

Permit # _____

Project Address _____ Contractor Name _____

<u>Material</u>	<u>Reuse/Salvage (lbs. or tons)</u>	<u>Disposal (lbs. or tons)</u>	<u>Recycled (lbs. or tons)</u>	<u>Destination</u>
Mixed Debris (all materials)				
Mixed Debris (all materials)				
Mixed Debris (all materials)				

Name and Address to send refund: (only the person that paid the security deposit can collect the deposit)

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.

SIGNED:

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 380 Ave. Pico, #N, San Clemente, CA 92672, fax (949) 361-8234 or email to mcintoshd@san-clemente.org.

If you have any questions, please call (949) 498-9436.