

**ANNUAL REPORT FORM  
Exempt Recycling Centers  
January 1 thru December 31 \_\_\_\_\_**  
(Year)

**PLEASE PRINT**

**Facility Name:** \_\_\_\_\_

**Reported By:** \_\_\_\_\_

**Contact Phone #:** \_\_\_\_\_

**County of Origin:** \_\_\_\_\_ (use separate sheet for each County of Origin)

**List Material in Tons**

Municipality	15	17	18	19	22	30	TOTAL

15- Tires

17- Trees, Tree Parts (includes stumps), and Brush

18- Grass

19- Leaves

22- Asphalt, Asphalt Roofing, Concrete, Brick, and Block

30- Wood Scraps (unpainted and non-chemically treated)

I certify that the information entered above is true and to the best of my knowledge.

**Signature:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**THIS FORM MUST BE RECEIVED BY March 1<sup>st</sup>**

Mail Code 401-02C

New Jersey Department of Environmental Protection

Solid and Hazardous Waste Management Program

Bureau of Recycling and Planning

P.O. Box 420

Trenton, NJ 08625-0420

Attn: Carol Puca