

**BUSINESS WASTE ASSESSMENT
PRE-SITE VISIT WORKSHEET
ATTN: AMY ULBRICHT**



Anoka County
Integrated Waste Management
2100 3rd Avenue, STE 340
Anoka, MN 55303-5032
763-323-5737, Fax 763-323-5731
www.AnokaCounty.us/recycle
Select "Commercial Recycling"

Date: _____

Company Name: _____ SIC (if known): _____

Address: _____ City: _____ Zip: _____

Contact Person: _____ Title: _____

Phone: _____ Fax: _____ Email: _____

Primary Business Activity: _____

Number of Employees: _____ Number of Facilities: _____

Hours Facility is Open: _____

GARBAGE AND RECYCLING SERVICES INFORMATION

Garbage Hauler Name: _____

Garbage container size: _____ Container Type (dumpster/cart): _____

Container location: _____

Collection schedule: _____ times per _____ week/month – (please circle one)

Is container full when emptied? _____

Recycling Hauler Name: _____

Recycling container size: _____ Container Type (dumpster/cart): _____

Container location: _____

Collection schedule: _____ times per _____ week/month – (please circle one)

What materials are being recycled? _____

Is container full when emptied? _____

When you have completed this worksheet, please fax to 763-323-5731