

Recycling Plan

Property Name: _____

Property Address: _____

Contact Name: _____

Contact Number: (____) _____

Recycling Plan Date: _____

Material/s Recycled: Mixed Recycling Glass Recycling Green Waste Other (*list below*)

Education Plan & Material (Include or attach any posters, stickers, signage. Describe use of or placement of these materials, as well as any training, recycling plan distribution, and ongoing monitoring that will be implemented.):

Internal Recycling Collection Containers (List size in gallons, number of containers and location):

Hauler Name: [Momentum Recycling](http://www.MomentumRecycling.com) (www.MomentumRecycling.com)

Material(s) Collected: Mixed Recycling Glass Recycling Green Waste

Outside Trash and Recycling Container(s) (size in gallons or cubic yards & number of containers):

Trash: _____

Recycling: _____

Location (i.e. loading dock, dumpster enclosure, parking garage):

Trash: _____

Recycling: _____

Collection Schedule (collections per week or month): Trash: _____ Recycling: _____

Recycling Facility Name/Contact Number:

- **Mixed Recycling** Waste Management (602) 615-7536
- **Glass Recycling** Momentum Recycling (801) 355-0334
- **Green Waste** Salt Lake Valley Landfill's composting facility (385) 468-6370

