



*City of Rolling Hills*

INCORPORATED JANUARY 24, 1957

NO. 2 PORTUGUESE BEND ROAD  
 ROLLING HILLS, CA 90274  
 (310) 377-1521  
 FAX (310) 377-7288

## Recycling and Waste Reduction Compliance Report

This form must be submitted to the City of Rolling Hills quarterly from issuance of the permit or within 30 days of completing a demolition and construction project. Verification from the location(s) utilized for the disposal of construction and demolition waste must be provided.

Check appropriate box:    QUARTERLY REPORT    FINAL REPORT

<b>Date:</b>		<b>Permit #:</b>	
<b>Company Name:</b>			
<b>Address:</b>			
<b>Contact Name:</b>		<b>Phone #:</b>	

PROJECT INFORMATION
Address:

Facility used for C&D Disposal	Facility used for C&D Disposal
Name:	Name:
Address:	Address:
City/State/Zip:	City/State/Zip:
Telephone No.	Telephone No.
Type of facility for material removed:	Type of facility for material removed:
<input type="checkbox"/> Landfill <input type="checkbox"/> MRF <input type="checkbox"/> Recycling Ctr	<input type="checkbox"/> Landfill <input type="checkbox"/> MRF <input type="checkbox"/> Recycling Ctr
<input type="checkbox"/> Reuse Ctr <input type="checkbox"/> Other (explain) _____	<input type="checkbox"/> Reuse Ctr <input type="checkbox"/> Other (explain) _____
Weight:	Weight:
Type of material removed:	Type of material removed:
Demolition (only)      Construction	Demolition (only)      Construction
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

Facility used for C&D Disposal	Facility used for C&D Disposal
Name:	Name:
Address:	Address:
City/State/Zip:	City/State/Zip:
Telephone No.	Telephone No.
Type of facility for material removed:	Type of facility for material removed:
<input type="checkbox"/> Landfill <input type="checkbox"/> MRF <input type="checkbox"/> Recycling Ctr	<input type="checkbox"/> Landfill <input type="checkbox"/> MRF <input type="checkbox"/> Recycling Ctr
<input type="checkbox"/> Reuse Ctr <input type="checkbox"/> Other (explain)_____	<input type="checkbox"/> Reuse Ctr <input type="checkbox"/> Other (explain)_____
Weight:	Weight:
Type of material removed:	Type of material removed:
Demolition (only)      Construction	Demolition (only)      Construction
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

**I acknowledge that at least 65% of the construction and demolition waste collected from the above referenced site was diverted away from a landfill.**

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Name (Signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
For Internal Use

	Yes	No	Verified by:	Date Verified
Copy of receipts provided?				
Meets diversion requirement (65%)				
If no, was hauler placed on probation?				
Next report due _____				