



**TOWN OF WEST SPRINGFIELD
HEALTH DEPARTMENT**

26 Central Street, Suite 18
West Springfield, MA 01089-2754
Phone: (413) 263-3206 FAX: (413) 737-1583

Attachment A: RECYCLING PLAN

Date: _____

Company: _____ Contact Person: _____

Address: _____

Telephone: _____ Fax: _____

Email: _____

1. We offer recycling services for the following materials:

A. Paper:

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Junk Mail |
| <input type="checkbox"/> Magazines | <input type="checkbox"/> Phone Books |
| <input type="checkbox"/> Catalogues | <input type="checkbox"/> Corrugated Cardboard |
| <input type="checkbox"/> Box board | <input type="checkbox"/> Other: _____ |

B. Containers:

- | | |
|---|---|
| <input type="checkbox"/> Glass bottles/jars | <input type="checkbox"/> Aseptic milk & juice cartons |
| <input type="checkbox"/> Aluminum cans | <input type="checkbox"/> Tin Cans |
| <input type="checkbox"/> Plastics: narrow-necked containers | |
| <input type="checkbox"/> Plastics: wide-mouth tubs | |
| <input type="checkbox"/> Plastics: expanded foam (#6) | |

C. Additional items:

- | | | |
|---|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> Bulky Waste | <input type="checkbox"/> Tires | <input type="checkbox"/> Yard Waste |
| <input type="checkbox"/> Electronics (CRTs) | <input type="checkbox"/> Fluorescents | <input type="checkbox"/> C&D |
| <input type="checkbox"/> Textiles | | |

D. Other: (please list)

2. Frequency of collection of recyclables: (check appropriate boxes)

Frequency	Residential	Commercial
Weekly		
Bi-Weekly		
Alternate Weeks (paper and containers)		
Other		

3. Destination of recyclables: _____
(By category)

4. Please describe your equipment, fleet, and other support services for recycling:

5. Please describe your method for notifying customers of improper recycling separation:

6. Please attach a copy of the educational material to be distributed to your customers.