# Business Recycling Plan

**TOWNSHIP OF SPRINGFIELD**
**COUNTY OF UNION**

BUSINESS RECYCLING PLAN FOR (name of business) _____

_____
Address Telephone

| ITEM | GENERATED | | Container Size Location | Frequency of Collection | Collector Name/Address/Phone # |
|---|---|---|---|---|---|
| Grease<br>Fat<br>Bones | Yes | No | | | |
| All Paper Products (includes cardboard, junk mail, books, magazines, etc.) | | | | | |
| Batteries | | | | | |
| Yard Waste (grass, leaves) | | | | | |
| Glass Containers<br>Cans<br>plastic Containers<br>Wire Hangers<br>Milk & Juice Cartons<br>**Comingle all Items (place in one container)** | | | | | |
| Other Items | | | | | |

Signature of responsible person filling out this Recycling Plan_____
Date

Print Name_____

Telephone Number_____

**********For Official Use Only**********

Date Approved_____

Recycling Coordinator_____Date_____