

Village of Lindenhurst
COMMERCIAL WASTE COLLECTION SURVEY
(Please Print)

Name of Business: _____
 Name and Title of Responder: _____
 Business Address: _____
 Business Telephone: _____
 Email address: _____

1. How often is waste collected at your place of business? (Please check one)
- | | |
|--------------------------------------|---|
| <input type="checkbox"/> 1x per week | <input type="checkbox"/> 2x per week |
| <input type="checkbox"/> 3x per week | <input type="checkbox"/> 4x per week |
| <input type="checkbox"/> 5x per week | <input type="checkbox"/> Other Schedule (Please detail below) |

2. What size exterior waste collection containers does your business currently use? (Please check all that apply and detail quantity of each)
- | | |
|---|--------------------------------------|
| a. <input type="checkbox"/> 95 gallon cart(s) | _____ Number of containers this size |
| b. <input type="checkbox"/> 1 cubic yard dumpster(s) (H46"xW29") | _____ Number of containers this size |
| c. <input type="checkbox"/> 1.5 cubic yard dumpster(s) (H49"xW37") | _____ Number of containers this size |
| d. <input type="checkbox"/> 2 cubic yard dumpster(s) (H50"xW38") | _____ Number of containers this size |
| e. <input type="checkbox"/> 4 cubic yard dumpster(s) (H52"x W60") | _____ Number of containers this size |
| f. <input type="checkbox"/> Other size of container(s) or dimensions (Please specify size and number) | _____ |

3. Does your business use a waste compactor along with your waste container(s)? Yes No
4. What is the name of the waste hauler(s) that services your business? _____
5. How much do you pay for present waste services? \$ _____ Monthly Quarterly
(Please attach a copy of your most recent bill to this survey)**
6. Does your business recycle? Yes No
 If yes, answer the following:
- a. Who is your recycling hauler? _____
- b. How much do you pay for recycling collection service? \$ _____ Monthly Quarterly
- c. How often is recyclable material collected? _____
- d. What size recycling container(s) are utilized? _____
- e. Number of containers this size? _____
- f. What items are collected in your recycling program? (Please check all that apply):
- | | | |
|--------------------------------------|-----------------------------------|---|
| <input type="checkbox"/> Cardboard | <input type="checkbox"/> Plastics | <input type="checkbox"/> Pallets/Wood |
| <input type="checkbox"/> Mixed Paper | <input type="checkbox"/> Metals | <input type="checkbox"/> Others (Detail below): |
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Glass | |

If no, why not? _____

Please return this survey and your most recent bill using the enclosed self-addressed stamped envelope, fax it to the Solid Waste Agency of Lake County at (847) 336-9374 or email it to Pete Adrian at padrian@swalco.org. If you have questions, contact Pete Adrian at 847/377-4952.

