

GALLOWAY TOWNSHIP  
**TONNAGE REPORTING FORM FOR RECYCLED MATERIALS (Calendar Year 2015)**  
**CONTRACTOR**

\*Name of Business \_\_\_\_\_ \*Contact Person \_\_\_\_\_  
 \*Mailing Address \_\_\_\_\_ \*Title \_\_\_\_\_ \*Email \_\_\_\_\_  
 \*City, State, Zip \_\_\_\_\_ \*Phone # \_\_\_\_\_ \*Fax \_\_\_\_\_  
 \_\_\_\_\_ \*Type of organization/business \_\_\_\_\_

*\*Must be filled in*

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RECYCLED MATERIAL	TONS/POUNDS	COLLECTED FROM:	ADDRESS	NAME & ADDRESS OF MARKET
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**I, the undersigned, certify that to the best of my knowledge, the information provided is accurate.**



\_\_\_\_\_  
 Print or type name of business representative  
 \_\_\_\_\_  
 Title

\_\_\_\_\_  
 Signature  
 \_\_\_\_\_  
 Date



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**TOWNSHIP OF GALLOWAY  
OFFICE OF SUSTAINABILITY  
300 E. JIMMIE LEEDS ROAD  
GALLOWAY, NJ 08205**