



**Department of Energy & Environmental Protection
 Bureau of Materials Management & Compliance Assurance
 79 Elm Street - 4th Floor
 Hartford, Connecticut 06106-5127**

Annual Municipal Recycling Report For FY 2022-2023

This report regarding municipal recycling activity for the previous fiscal year is **required** to be submitted by September 30th of each year to the Connecticut Department of Energy & Environmental Protection (DEEP) -CGS Sec 22a-220(h).
 (PLEASE SUBMIT THIS FY2023 REPORT NO LATER THAN **NOVEMBER 30, 2023**)

Parts 1 through 5 can be completed and submitted to the CT Department of Energy & Environmental Protection via any **one** of the following methods

- Fax (860) 424-4059 Attn: Solid Waste Facility Reporting- Paula Guerrero; **Or**
- Scanned & E-Mailed To Paula.Guerrera@ct.gov (Do not send hard copy if sending electronically); **Or**
- Land-Mailed to CT DEEP; Bureau of MM&CA – Recycling Office; 79 Elm Street - 4th Floor; -Hartford, CT 06106-5127; Attn: Solid Waste Facility Reporting- Paula Guerrero.
 - Must be double-sided and preferably on paper with a minimum 30% post-consumer content.
 - PLEASE CONSERVE PAPER – **Do not send unused pages or sections.** Indicate ([at bottom of this page](#)) the total number of pages in your report.

Questions? Please visit the [CT DEEP Website](#), contact [Paula Guerrero](#) (860) 424-3334.

1.	Name of City/Town <input style="width: 80%;" type="text"/>		
	Mailing Address: <input style="width: 80%;" type="text"/>	Zip Code <input style="width: 15%;" type="text"/>	
2.	Recycling Contact: Name: <input style="width: 80%;" type="text"/>		
	Title: <input style="width: 80%;" type="text"/>		
	Phone #: <input style="width: 20%;" type="text"/>	Fax #: <input style="width: 20%;" type="text"/>	Email: <input style="width: 40%;" type="text"/>
3.	Reporting Period: July 1, 2022 through June 30, 2023		
	Number of Pages in This Report: <input style="width: 30%;" type="text"/>		



PART 1: MATERIALS RECYCLED FROM *RESIDENTIAL* SOURCES

Materials Recycled from <i>Residential</i> Sources			
(A) Recyclable Item	(B) Name/Address - <i>First</i> Destination for <i>Residential</i> Recyclables <small>(after the municipal transfer station or municipal compost site, if applicable)</small>	(C) Amount Recycled	(D) Units of Measure
Bottles/Cans/Cartons/Paper (BCP) <ul style="list-style-type: none"> • <i>First Destination Is a CT SW Facility</i> <input type="checkbox"/> <i>Includes Res & NonRes</i>	Destination Name: _____ State: _____ Town: _____ State: _____ Check all that apply: <input type="checkbox"/> Single Stream <input type="checkbox"/> Dual Stream <input type="checkbox"/> Material Collected Separately	NA	NA
	Destination Name: _____ State: _____ Town: _____ State: _____ Check all that apply: <input type="checkbox"/> Single Stream <input type="checkbox"/> Dual Stream <input type="checkbox"/> Material Collected Separately	NA	NA
Bottles/Cans/Cartons/Paper <ul style="list-style-type: none"> • First Destination Is NOT a CT SW Facility and located out-of-state <input type="checkbox"/> <i>Tonnage Includes Res & NonRes</i>	Destination Name: _____ State: _____ Town: _____ State: _____ Check all that apply: <input type="checkbox"/> Single Stream <input type="checkbox"/> Dual Stream <input type="checkbox"/> Material Collected Separately	_____	_____
	Destination Name: _____ State: _____ Town: _____ State: _____ Check all that apply: <input type="checkbox"/> Single Stream <input type="checkbox"/> Dual Stream <input type="checkbox"/> Material Collected Separately	_____	_____
Storage Batteries (vehicle batteries) <input type="checkbox"/> <i>Tonnage Includes Res & NonRes</i>	Destination Name: _____ State: _____ Town: _____ State: _____	_____	_____
	Destination Name: _____ State: _____ Town: _____ State: _____	_____	_____
Scrap Metal – <input type="checkbox"/> <i>Tonnage Includes Res & NonRes</i>	Destination Name: _____ State: _____ Town: _____ State: _____	_____	_____
	Destination Name: _____ State: _____ Town: _____ State: _____	_____	_____
Waste Oil (gallons) <input type="checkbox"/> <i>Includes Res & NonRes</i>	Destination Name: _____ State: _____ Town: _____ State: _____	_____	Gallons
	Destination Name: _____ State: _____ Town: _____ State: _____	_____	Gallons
Used Textiles (clothing, shoes, linens etc.) <input type="checkbox"/> <i>Tonnage Includes Res & NonRes</i>	Destination Name: _____ State: _____ Town: _____ State: _____	_____	_____
	Destination Name: _____ State: _____ Town: _____ State: _____	_____	_____
Electronics Check Types Included: <input type="checkbox"/> CEDs (CT e-Waste Recycling Program) <input type="checkbox"/> Non-CEDs <input type="checkbox"/> <i>Tonnage Includes Res & NonRes</i>	Destination Name: _____ State: _____ Town: _____ State: _____	_____	_____
	Destination Name: _____ State: _____ Town: _____ State: _____	_____	_____
NiCd Batteries <input type="checkbox"/> <i>Includes Res & NonRes</i>	Destination Name: _____ State: _____ Town: _____ State: _____	_____	_____
	Destination Name: _____ State: _____ Town: _____ State: _____	_____	_____
PLASTIC WRAP/FILM <input type="checkbox"/> <i>Includes Res & NonRes</i>	Destination Name: _____ State: _____ Town: _____ State: _____	_____	_____
	Destination Name: _____ State: _____ Town: _____ State: _____	_____	_____

Source-Separated Organics

If source separated organics or any products (compost, mulch, etc.) made from those organics by the municipality are sent to a CT permitted composting or recycling facility, please report the receiving facility so that the tonnage is not 2x counted. **Any organic material burned (with or without energy production) cannot be counted as recycled!!!!**

Incoming Leaves 1 CY=0.25 tons <input type="checkbox"/> Leaves are composted at municipal compost site <input type="checkbox"/> compost used at municipal sites <input type="checkbox"/> compost is given or sold to residents <input type="checkbox"/> compost is sold or sent to a permitted composting. <input type="checkbox"/> Tonnage Includes Res & NonRes	Destination: <input type="text"/> Address: <input type="text"/>	<input type="text"/>	<input type="text"/>
	Destination: <input type="text"/> Address: <input type="text"/>	<input type="text"/>	<input type="text"/>
Brush (from yard waste) 1CY(loose) = 0.15 tons <input type="checkbox"/> sent to a permitted composting or recycling facility <input type="checkbox"/> chipped and used on municipal sites <input type="checkbox"/> chipped and given to residents <input type="checkbox"/> Tonnage Includes Res & NonRes	Destination: <input type="text"/> Address: <input type="text"/>	<input type="text"/>	<input type="text"/>
	Destination: <input type="text"/> Address: <input type="text"/>	<input type="text"/>	<input type="text"/>
Grass <input type="checkbox"/> Grass clippings are sent to a permitted composting or recycling facility	Destination: <input type="text"/> Address: <input type="text"/>	<input type="text"/>	<input type="text"/>
	Destination: <input type="text"/> Address: <input type="text"/>	<input type="text"/>	<input type="text"/>
Yard Waste Mixed <input type="checkbox"/> composted at municipal compost site <input type="checkbox"/> compost is used on municipal sites <input type="checkbox"/> compost is given or sold to residents <input type="checkbox"/> Tonnage Includes Res & NonRes	Destination: <input type="text"/> Address: <input type="text"/>	<input type="text"/>	<input type="text"/>
	Destination: <input type="text"/> Address: <input type="text"/>	<input type="text"/>	<input type="text"/>
	Destination: <input type="text"/> Address: <input type="text"/>	<input type="text"/>	<input type="text"/>
Food Scraps <input type="checkbox"/> Tonnage Includes Res & NonRes	Destination Name: <input type="text"/> Town: <input type="text"/> State: <input type="text"/>	<input type="text"/>	<input type="text"/>
	Destination Name: <input type="text"/> Town: <input type="text"/> State: <input type="text"/>	<input type="text"/>	<input type="text"/>
	Destination Name: <input type="text"/> Town: <input type="text"/> State: <input type="text"/>	<input type="text"/>	<input type="text"/>
Paint <input type="checkbox"/> Tonnage Includes Res & NonRes	Destination Name: <input type="text"/> Town: <input type="text"/> State: <input type="text"/>	<input type="text"/>	<input type="text"/>
	Destination Name: <input type="text"/> Town: <input type="text"/> State: <input type="text"/>	<input type="text"/>	<input type="text"/>
Mattresses <input type="checkbox"/> Tonnage Includes Res & NonRes	Destination Name: <input type="text"/> Town: <input type="text"/> State: <input type="text"/>	<input type="text"/>	<input type="text"/>
	Destination Name: <input type="text"/> Town: <input type="text"/> State: <input type="text"/>	<input type="text"/>	<input type="text"/>
Other – Specify: <input type="text"/> <input type="checkbox"/> Tonnage Includes Res & NonRes	Destination Name: <input type="text"/> Town: <input type="text"/> State: <input type="text"/>	<input type="text"/>	<input type="text"/>
	Destination Name: <input type="text"/> Town: <input type="text"/> State: <input type="text"/>	<input type="text"/>	<input type="text"/>



PART 2: MATERIALS RECYCLED FROM **NON-RESIDENTIAL** SOURCES

OTHER RECYCLABLES - Materials Recycled from <i>NON-Residential</i> Sources			
(A) Recyclable Item	(B) Name/Address - <i>First</i> Destination for <i>Other</i> Recyclables (after the municipal transfer station or municipal compost site, if applicable)	(C) Amount Recycled	(D) Units of Measure
Non-Residential Bottles/Cans/Paper	Destination Name: <input type="text"/> Town: <input type="text"/> State: <input type="text"/> Check all that apply: <input type="checkbox"/> Single Stream <input type="checkbox"/> Dual Stream <input type="checkbox"/> Material Collected Separately	NA	NA
	Destination Name: <input type="text"/> Town: <input type="text"/> State: <input type="text"/> <input type="checkbox"/> Single Stream <input type="checkbox"/> Dual Stream <input type="checkbox"/> Material Collected Separately	NA	NA

OTHER RECYCLABLES - Materials Recycled from *NON-Residential* Sources

(A) Recyclable Item	(B) Name/Address - <i>First</i> Destination for <i>Other</i> Recyclables (after the municipal transfer station or municipal compost site, if applicable)	(C) Amount Recycled	(D) Units of Measure
<p><i>Non-Residential</i></p> <p>Bottles/Cans/Paper</p> <ul style="list-style-type: none"> • First Destination Is Not a CT SW Facility 	Destination Name: _____ Town: _____ State: _____ <i>Check all that apply:</i> <input type="checkbox"/> Single Stream <input type="checkbox"/> Dual Stream <input type="checkbox"/> Material Collected Separately	_____	_____
	Destination Name: _____ Town: _____ State: _____ <i>Check all that apply:</i> <input type="checkbox"/> Single Stream <input type="checkbox"/> Dual Stream <input type="checkbox"/> Material Collected Separately	_____	_____
<p>Other Specify Type of Recyclable::</p> <input type="checkbox"/> Only Residential <input type="checkbox"/> Only Non-Residential <input type="checkbox"/> Includes Res & NonRes	Destination Name: _____ Town: _____ State: _____	_____	_____
<p>Other Specify Type of Recyclable</p> <input type="checkbox"/> Only Residential <input type="checkbox"/> Only Non-Residential <input type="checkbox"/> Includes & Res & NonRes	Destination Name: _____ Town: _____ State: _____	_____	_____

PART 3: Information Regarding Collectors (Haulers) of Solid Waste (SW) and Recyclables Operating Within the Borders of the Municipality

Please list below the haulers or collectors operating in your municipality and provide their contact information- including their e-mail address: **(Please duplicate this page if additional space is needed.)**

3A: Collector (Hauler) Contact Information					
Name of Hauling Company	Mailing Address & E-mail Address	Contact Name	Phone Number	Did Hauler Register in Your Municipality in FY2023?	Did Hauler Submit FY2023 Annual Report To Your Municipality?
	Mailing: <input type="text"/> E-mail: <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Mailing: <input type="text"/> E-mail: <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Mailing: <input type="text"/> E-mail: <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Mailing: <input type="text"/> E-mail: <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Mailing: <input type="text"/> E-mail: <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Mailing: <input type="text"/> E-mail: <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Mailing: <input type="text"/> E-mail: <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Mailing: <input type="text"/> E-mail: <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Mailing: <input type="text"/> E-mail: <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Mailing: <input type="text"/> E-mail: <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Mailing: <input type="text"/> E-mail: <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Mailing: <input type="text"/> E-mail: <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Attach additional sheets if needed

3B: Collection Service(s) Information

Name of Hauling Company	Source of SW & RECY Hauled Check all that apply.	Types of SW &/or RECY Hauled by the Collector Check all that apply.	Collector Offers Subscription Service for Residential Curbside Collection of: Check all that apply.
	<input type="checkbox"/> Residential <input type="checkbox"/> Non-Residential	<input type="checkbox"/> MSW; <input type="checkbox"/> Recyclables; <input type="checkbox"/> C&D; <input type="checkbox"/> Yard Waste <input type="checkbox"/> Landclearing ; <input type="checkbox"/> Food Scraps <input type="checkbox"/> Special Waste <input type="checkbox"/> Other – Specify- _____	<input type="checkbox"/> MSW <input type="checkbox"/> Recyclables
	<input type="checkbox"/> Residential <input type="checkbox"/> Non-Residential	<input type="checkbox"/> MSW; <input type="checkbox"/> Recyclables; <input type="checkbox"/> C&D; <input type="checkbox"/> Yard Waste <input type="checkbox"/> Landclearing ; <input type="checkbox"/> Food Scraps <input type="checkbox"/> Special Waste <input type="checkbox"/> Other – Specify- _____	<input type="checkbox"/> MSW <input type="checkbox"/> Recyclables
	<input type="checkbox"/> Residential <input type="checkbox"/> Non-Residential	<input type="checkbox"/> MSW; <input type="checkbox"/> Recyclables; <input type="checkbox"/> C&D; <input type="checkbox"/> Yard Waste <input type="checkbox"/> Landclearing ; <input type="checkbox"/> Food Scraps <input type="checkbox"/> Special Waste <input type="checkbox"/> Other – Specify- _____	<input type="checkbox"/> MSW <input type="checkbox"/> Recyclables
	<input type="checkbox"/> Residential <input type="checkbox"/> Non-Residential	<input type="checkbox"/> MSW; <input type="checkbox"/> Recyclables; <input type="checkbox"/> C&D; <input type="checkbox"/> Yard Waste <input type="checkbox"/> Landclearing ; <input type="checkbox"/> Food Scraps <input type="checkbox"/> Special Waste <input type="checkbox"/> Other – Specify- _____	<input type="checkbox"/> MSW <input type="checkbox"/> Recyclables
	<input type="checkbox"/> Residential <input type="checkbox"/> Non-Residential	<input type="checkbox"/> MSW; <input type="checkbox"/> Recyclables; <input type="checkbox"/> C&D; <input type="checkbox"/> Yard Waste <input type="checkbox"/> Landclearing ; <input type="checkbox"/> Food Scraps <input type="checkbox"/> Special Waste <input type="checkbox"/> Other – Specify- _____	<input type="checkbox"/> MSW <input type="checkbox"/> Recyclables
	<input type="checkbox"/> Residential <input type="checkbox"/> Non-Residential	<input type="checkbox"/> MSW; <input type="checkbox"/> Recyclables; <input type="checkbox"/> C&D; <input type="checkbox"/> Yard Waste <input type="checkbox"/> Landclearing ; <input type="checkbox"/> Food Scraps <input type="checkbox"/> Special Waste <input type="checkbox"/> Other – Specify- _____	<input type="checkbox"/> MSW <input type="checkbox"/> Recyclables
	<input type="checkbox"/> Residential <input type="checkbox"/> Non-Residential	<input type="checkbox"/> MSW; <input type="checkbox"/> Recyclables; <input type="checkbox"/> C&D; <input type="checkbox"/> Yard Waste <input type="checkbox"/> Landclearing ; <input type="checkbox"/> Food Scraps <input type="checkbox"/> Special Waste <input type="checkbox"/> Other – Specify- _____	<input type="checkbox"/> MSW <input type="checkbox"/> Recyclables
	<input type="checkbox"/> Residential <input type="checkbox"/> Non-Residential	<input type="checkbox"/> MSW; <input type="checkbox"/> Recyclables; <input type="checkbox"/> C&D; <input type="checkbox"/> Yard Waste <input type="checkbox"/> Landclearing ; <input type="checkbox"/> Food Scraps <input type="checkbox"/> Special Waste <input type="checkbox"/> Other – Specify- _____	<input type="checkbox"/> MSW <input type="checkbox"/> Recyclables
	<input type="checkbox"/> Residential <input type="checkbox"/> Non-Residential	<input type="checkbox"/> MSW; <input type="checkbox"/> Recyclables; <input type="checkbox"/> C&D; <input type="checkbox"/> Yard Waste <input type="checkbox"/> Landclearing ; <input type="checkbox"/> Food Scraps <input type="checkbox"/> Special Waste <input type="checkbox"/> Other – Specify- _____	<input type="checkbox"/> MSW <input type="checkbox"/> Recyclables
	<input type="checkbox"/> Residential <input type="checkbox"/> Non-Residential	<input type="checkbox"/> MSW; <input type="checkbox"/> Recyclables; <input type="checkbox"/> C&D; <input type="checkbox"/> Yard Waste <input type="checkbox"/> Landclearing ; <input type="checkbox"/> Food Scraps <input type="checkbox"/> Special Waste <input type="checkbox"/> Other – Specify- _____	<input type="checkbox"/> MSW <input type="checkbox"/> Recyclables
	<input type="checkbox"/> Residential <input type="checkbox"/> Non-Residential	<input type="checkbox"/> MSW; <input type="checkbox"/> Recyclables; <input type="checkbox"/> C&D; <input type="checkbox"/> Yard Waste <input type="checkbox"/> Landclearing ; <input type="checkbox"/> Food Scraps <input type="checkbox"/> Special Waste <input type="checkbox"/> Other – Specify- _____	<input type="checkbox"/> MSW <input type="checkbox"/> Recyclables
	<input type="checkbox"/> Residential <input type="checkbox"/> Non-Residential	<input type="checkbox"/> MSW; <input type="checkbox"/> Recyclables; <input type="checkbox"/> C&D; <input type="checkbox"/> Yard Waste <input type="checkbox"/> Landclearing ; <input type="checkbox"/> Food Scraps <input type="checkbox"/> Special Waste <input type="checkbox"/> Other – Specify- _____	<input type="checkbox"/> MSW <input type="checkbox"/> Recyclables

Attach additional sheets if needed

Please note: All collectors hauling solid waste (including recyclables) generated within the borders of your municipality are required to: **(1) register annually in your municipality and (2) report annually to your municipality – CGS Sec 22a-220a(d).**

The collector/hauler reporting form can be found at: www.ct.gov/DEEP/solidwastereporting or by clicking on links below:

Annual *Collector/Hauler* Reporting Form to be **submitted to the municipalities** in which the collector/hauler operates
[Word](#) [pdf](#) [Instructions](#)



Part 4: Solid Waste Disposed (Please Report Disaster Debris Separately From Other Material)

Please indicate the **first destination(s)** (landfill, resource recovery facility, or regional multi-town transfer station) where solid waste generated in your town is received for disposal.

- If first destination is your municipal transfer station – report the first destination of waste sent out from your transfer station.
- If first destination is out-of-state, report (in Column C) the tonnage delivered to that facility.
 - If you are unable to get information regarding tonnage sent to that out-of-state facility, report information regarding the hauler who transported that waste out-of-state.

(A) Type of Solid Waste Disposed	(B) Name and Address of First Destination (i.e. Receiving Facility (after the municipal transfer station, if applicable)	(C) Tons this FY
MSW¹ • First Destination Is a CT SW Facility (after the municipal transfer station, if applicable)	Destination Name: <input type="text"/> Town: <input type="text"/> State: <input type="text"/>	NA
	Destination Name: <input type="text"/> Town: <input type="text"/> State: <input type="text"/>	NA
Oversized MSW¹ - (furniture, mattresses, carpets, etc) • First Destination Is a CT SW Facility (after the municipal transfer station, if applicable)	Destination Name: <input type="text"/> Town: <input type="text"/> State: <input type="text"/>	NA
	Destination Name: <input type="text"/> Town: <input type="text"/> State: <input type="text"/>	NA
MSW¹ • First Destination Is <i>Not</i> a CT SW Facility (after the municipal transfer station, if applicable)	Destination Name: <input type="text"/> Town: <input type="text"/> State: <input type="text"/>	Tons: <input type="text"/>
	Destination Name: <input type="text"/> Town: <input type="text"/> State: <input type="text"/>	Tons: <input type="text"/>
Oversized MSW¹ - (furniture, mattresses, carpets, etc) • First Destination Is <i>Not</i> a CT SW Facility (after the municipal transfer station, if applicable)	Destination Name: <input type="text"/> Town: <input type="text"/> State: <input type="text"/>	Tons: <input type="text"/>
	Destination Name: <input type="text"/> Town: <input type="text"/> State: <input type="text"/>	Tons: <input type="text"/>
MIXED C&D - CONSTRUCTION & DEMOLITION WASTE (after the municipal transfer station, if applicable)	Destination Name: <input type="text"/> Town: <input type="text"/> State: <input type="text"/>	Tons: <input type="text"/>
DISASTER DEBRIS (after the municipal transfer station, if applicable)	Destination Name: <input type="text"/> Town: <input type="text"/> State: <input type="text"/>	Tons: <input type="text"/>
LAND CLEARING DEBRIS (logs and stumps) (after the municipal transfer station, if applicable)	Destination Name: <input type="text"/> Town: <input type="text"/> State: <input type="text"/>	Tons: <input type="text"/>

¹ MSW is solid waste from residential, commercial and industrial sources; **excluding** hazardous, biomedical, sludge; etc.

² SPECIAL WASTE is any waste other than hazardous or radioactive waste which requires special handling for safe disposal such as sewage treatment, water treatment, and industrial sludges; fly ash and casting sands or slag; contaminated dredge spoils, etc.

Part 5: Certification of Data Reported

Municipality:

Reporting Period: July 1 2021

June 30, 2022

Certification of document. This document, which is required to be submitted to the Commissioner of Energy and Environmental Protection, shall be signed by the municipal CEO or a duly authorized representative of such CEO, and by the individual(s) responsible for actually preparing such document, and each such individual shall certify in writing as follows:

“I have personally examined and am familiar with the information submitted in this document and all attachments thereto, and I certify, based on reasonable investigation, including my inquiry of those individuals responsible for obtaining the information, that the submitted information is true, accurate and complete to the best of my knowledge and belief. I understand that any false statement made in the submitted information may be punishable as a criminal offense under §53a-157b of the Connecticut General Statutes and any other applicable law.”

Municipal Recycling Contact Signature:

Signature - Municipal Recycling Contact

Date

Printed Name – Municipal Recycling Contact

E-mail Address

Municipal CEO Signature:

Signature Of Municipal CEO

Date

Printed Name - Municipal CEO

E-mail Address

Part 6: Survey Questions re Municipal Recycling Program

The Part 6 survey is currently being hosted on SurveyMonkey and a unique URL will be e-mailed to municipal recycling contacts in August. This survey contains program-specific questions related to municipal solid waste program performance and municipal compliance with basic statutory recycling requirements.

MUNICIPALITIES MUST COMPLETE BOTH THE QUANTITATIVE SECTION (PARTS 1-5); AND THE WEB-BASED SURVEY SECTION (PART 6) FOLLOWED AT A LATER DATE IN ORDER TO SATISFY THEIR REPORTING OBLIGATION.