



HAULER CONTRACTOR QUARTERLY REPORT

PUBLIC WORKS RECYCLE CENTER

Reporting Period:

Report Due Date:

Acceptable payments include check and Electronic Funds Transfer (EFT). To participate in EFT transactions, contact zerowaste@burbankca.gov.

If no fees are collected during reporting period, complete electronic report and submit via mail or email zerowaste@burbankca.gov.

Contact 818-238-3900 or email zerowaste@burbankca.gov if any questions arise.

SECTION I. GENERAL INFORMATION.

| | |
|---|-----------------------|
| Doing Business As: | |
| Legal Business Name, if different: | |
| Contact Name: | Title: |
| Street Address: | |
| Mailing Address: | |
| Phone Number: | Email Address: |
| Date of submission: | |

SECTION II. CUSTOMER INFORMATION.

A. Construction & Demolition

| |
|--|
| Total number of C&D customer accounts |
|--|

B. SB 1383

| |
|--|
| Total number of customers mandated to participate in trash, recycling, and organics collection per SB 1383 |
| Total number of customers in compliance with SB 1383 requirements for trash, recycling, and organics collection |

C. AB 341

| |
|--|
| Total number of commercial customers mandated to recycle per AB 341 |
| Total number of commercial customers in compliance with AB 341 recycling mandates |

D. AB 1826

| |
|---|
| Total number of customers generating 2 cubic yards of organic waste per week per AB 1826 |
| Total number of customers in compliance with AB 1826 organics mandates |

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SECTION III. BREAKDOWN OF WASTE COLLECTION.

A. Recycling Collection Processing, not including organic collection.

| Material | Tons Recycled | Recycling Facility | Tons Landfilled | Disposal Site |
|----------------|---------------|---------------------|-----------------|-----------------------|
| Paper | | | | |
| Metals | | | | |
| Glass | | | | |
| Plastics | | | | |
| Inert Solids | | | | |
| C&D | | | | |
| Special Waste: | | | | |
| Wood | | | | |
| Solid Waste | | | | |
| | | TOTAL TONS RECYCLED | | TOTAL TONS LANDFILLED |

B. Organics Collection Pre-processing and Recovery.

| Material | Tons Received | Pre-processing Facility | Tons Recovered | Compost/AD Facility |
|----------------|---------------|-------------------------|----------------|----------------------|
| Paper | | | | |
| Untreated Wood | | | | |
| Food Waste | | | | |
| Green Waste | | | | |
| | | TOTAL TONS RECEIVED | | TOTAL TONS RECOVERED |

a. Facility Updates.

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|--|
| Has the Pre-processing Facility or Compost/AD Facility, listed above, changed from the approved Hauler Permit? If Yes, attach Letter from new facility guaranteeing annual organics capacity. |
| Does this facility accept plastic bags or accept and recover compostable bags or bioplastics? If Yes, attach Letter of Notification regarding acceptance of plastic bags or acceptance and recovery of compostable bags or bioplastics. |

SECTION IV. TONNAGE BY ROUTE TYPE.

| Month | Refuse Routes | Recycling Routes | Organics Routes | Roll-off Box Routes | Total |
|--------------------------------------|---------------|------------------|-----------------|---------------------|-------|
| | | | | | |
| | | | | | |
| | | | | | |
| Route Totals | | | | | |
| Total Tons Reported for Section III. | | | | | |

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| Month | Refuse Routes | Recycling Routes | Organics Routes | Roll-off Box Routes | Total |
|-----------------------|---------------|------------------|-----------------|---------------------|-------|
| | | | | | |
| | | | | | |
| | | | | | |
| Receipt Totals | | | | | |

| | |
|---|------------|
| Total Gross Receipts | |
| AB 939 Percentage Fees | 16% |
| Total AB 939 Fees Due to City of Burbank | |

| | |
|---|--------------------------------------|
| Postmarked Date of Report | Postmarked Date of Payment |
| Amount of AB 939 Fees Received | Payment Type |
| Remaining Balance Due | Check or EFT Reference Number |
| If new facilities listed, Letter Guaranteeing Capacity received. | |
| If new facilities listed, Letter of Notification received. | |

| | |
|---|---|
| <i>Balance Due without Late Fees</i> | |
| <i>Days Late</i> | <i>Late Fees Due (\$5/first 15 days, then \$20/day until paid in full)</i> |
| <i>Total Due with Late Fees</i> | <i>Postmarked Date of Late Payment</i> |
| <i>Payment Type</i> | <i>Check or EFT Reference Number</i> |