



CITY OF EASTHAMPTON

BOARD OF HEALTH
50 Payson Avenue
Easthampton, MA 01027
(413) 529-1430 TEL
(413) 529-1442 FAX



Public Health
Prevent. Promote. Protect.

Bri Eichstaedt, REHS/RS
Health Director

City of Easthampton

Date _____

RECYCLING SERVICE EXEMPTION FORM FOR COMMERCIAL GENERATORS Easthampton

Recycling is **mandatory** in the City of Easthampton.

All Permitted Haulers must provide both Solid Waste and Recyclables collection to all Commercial Customers unless the Customer can provide proof to the Permitted Hauler that separate Recycling services are provided by another Permitted Hauler, or by one or several of the methods listed below. Commercial Customers that decline recycling collection service from their Permitted Solid Waste Hauler must demonstrate to their Permitted Hauler or the City of Easthampton Health Department that they are diverting Mandatory Recyclables from disposal.

The Easthampton Health Department periodically checks recycling compliance throughout the City of Easthampton and can offer outreach and assistance. Commercial Customers that do not separate Recyclables from Solid Waste destined for disposal at a landfill or waste combustor are subject to fines. Permitted Haulers that do not offer/provide collection of Recyclables along with Solid Waste pickup are also subject to fines, unless the Easthampton Health Department has received this form showing that recycling services were offered.

Please choose one:

- I am a Permitted Hauler/customer service representative submitting this form on behalf of the business/organization listed below. *Identify your company name here:* _____
- I am a business/organization who has declined recycling service offered by my Solid Waste Hauler.
- I am a Permitted Hauler/customer service representative advising the Easthampton Health Department of a business/organization who was offered recycling service, but refused. *Identify your company name here:* _____

Business, Organization, or Property Manager Seeking Exemption	
Business/Organization Name	
Business/Organization Contact	
Address	
City, State ZIP Code	
Phone	
E-Mail	

Materials Handling Information

Name of Permitted Solid Waste Hauler _____

Please describe the manner in which materials are recycled (check all that apply):

- Option 1 - Ship directly to mill: *Identify recycling outlet* _____
- Option 2 - Self-haul: *Identify recycling outlet* _____
- Option 3 - Back-haul to parent company
- Option 4 – Recycling Collection by Permitted Recycling Hauler _____

Name of Permitted Recycling Hauler



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Signature

By signing below, I certify that I have read and understand the City of Easthampton requirement to comply with Mandatory Recycling as stated in Chapter 14: Rules and Regulation for Removal, Transport, and Disposal of Solid Waste or Recyclables in the City of Easthampton.

Signature of Form Contact

Printed Name

E-Mail

Phone