

**MUNICIPAL SOLID WASTE COLLECTOR FORM - FORM A**

Form A: To be filled by municipalities that contract with a private solid waste collection company for residential collection service.

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DATE: \_\_\_\_\_

A. Name of Municipality: \_\_\_\_\_

B. County: \_\_\_\_\_ C. Population: \_\_\_\_\_

D. What company provides the municipality's current residential solid waste collection service?

- \_\_\_\_\_
1. What is the length of the contract (years): \_\_\_\_\_
  2. Time period of contract: began \_\_\_\_\_ expires \_\_\_\_\_
  3. Describe the residential service provided in the contract. For example: Curbside, 2-32 Gallon cans, twice a week.

\_\_\_\_\_

4. Does the contract include bulk pickup?
  - a. Yes, what is the schedule? \_\_\_\_\_
  - b. No, how is service provided? \_\_\_\_\_
5. Does the contract include recycling?
  - a. Yes, what is the schedule? \_\_\_\_\_
  - b. No, how is service provided? \_\_\_\_\_

E. When this contract was initially offered for bids, how many bids were received? \_\_\_\_\_

1. Please list all the bids received and the amount of the bid starting with the company that was awarded the contract:

	<u>Name</u>	<u>Amount of Bid</u>	<u>Per Year</u>
a.	_____	_____	_____
b.	_____	_____	_____
c.	_____	_____	_____
d.	_____	_____	_____
e.	_____	_____	_____
f.	_____	_____	_____

F. How many stops (residences) does the route include? \_\_\_\_\_

G. Approximately how much residential and bulky waste was disposed of in previous calendar year? \_\_\_\_\_ tons

1. How is the disposal fee paid? (check one)
  - a. \_\_\_\_ Collection company includes disposal in contract price.
  - b. \_\_\_\_ Collection company is reimbursed for disposal upon presenting invoices.
  - c. \_\_\_\_ Disposal facility bills the municipality directly. (No contract)
  - d. \_\_\_\_ Municipality has a separate contract with a disposal facility.
2. Name of disposal facility. \_\_\_\_\_
3. Cost per ton for disposal. \_\_\_\_\_

H. Number of trucks the contractor has dedicated to the municipality for collection. \_\_\_\_\_

I. Person to contact regarding this form in your municipality: \_\_\_\_\_

J. Phone number of contact person: \_\_\_\_\_ E mail Address \_\_\_\_\_

**Certification Statement**

The person completing this form certifies that to the best of his/her knowledge and belief that all information provided in this form are true and correct, and further understands and agrees that the New Jersey Department of Environmental Protection may request additional information or copies of municipal documents that pertain to solid waste collection, which shall be promptly provided.

Name of Person completing this form: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

Phone #: \_\_\_\_\_

Mayor: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

**Please return the completed form to:  
NJDEP, Division of Solid and Hazardous Waste  
401 E. State Street  
Mail Code 401-02C  
Trenton, New Jersey 08625-0420  
Or e-mail to Patricia Badessa at [swutility@dep.nj.gov](mailto:swutility@dep.nj.gov)**

**If you have any questions, please call Patricia Badessa at (609) 984-9759 or email at [swutility@dep.nj.gov](mailto:swutility@dep.nj.gov)**