



Solid Waste Disposal Survey

Please fill out as much information as possible - especially those areas highlighted in yellow. If you're in a hurry, then fill in only the **property name and address, # of units, waste hauler name and waste hauler ACCOUNT #** and we'll do the rest! You can also send us a copy of a current waste hauler invoice along with this form to expedite the process.

When you have finished filling out this form, please FAX to our corporate office at 480-897-3602 or email to kthomas@wasteconsolidators.com

Property Information:

Property Name: _____ # Units: _____ Approx. % Occupancy: _____

Site Manager: _____ Phone #: _____

Address: _____ Fax #: _____

_____ E-mail: _____

Bedrooms (fill in #): 1 bed _____ 2 bed _____ 3 bed _____ 4 bed _____

Waste Hauler Information

Waste Hauler Name: _____ Waste Hauler Account #: _____

Monthly Disposal Bill: _____ Total Number of Bins: _____

Bin Sizes: # of 3 yd bins: _____; # of 4 yd bins: _____; # of 6 yd bins: _____; # of 8 yard bins: _____

Disposal Days Per Week (Please Circle): **Mon Tues Wed Thurs Fri Sat Sun**

Modified pick-up schedule (e.g. only 1/2 of the bins picked up on a certain day): _____

Recycle Containers (how many, what sizes): _____

Recycle pickup days (please circle): **Mon Tues Wed Thurs Fri Sat Sun**

Do you have a roll-off container on site? **yes no** If "yes", what size? **20 yd 30 yd 40 yd**

What is roll-off used for? Circle one: **Large items (e.g. couches, beds. etc) OR Refurbishment**

Thank you for taking the time to fill out our solid waste disposal. This is the first step in saving time and money at your property while improving the overall curbside appeal!