## **Charles County Government**

### **Department of Public Works**

### **Environmental Resources Division**

# Apartment Building and Condominium Recycling Program (ABCR)

#### **Annual Reporting Form**

Reporting Period: <u>January 1 through December 31, 2023</u>
\*PLEASE PRINT CLEARLY ON BOTH SIDES\*

Name of Apartment/Condo. Co	omplex:					
Address of Complex:						
Owner Name and Mailing Address:						
Property Management Company (if applicable):						
Contact:	Email:					
Phone Number:	# of Units in Complex:					
and may be submitted online at www.	Section 2 of this form and return by <u>April 1, 2024</u> *. The form is available <u>CharlesCountyMD.gov/recycling</u> . Forms may be emailed to v or mailed to the following address:					
Charles County Government Environmental Resources Division Attn: Meg Romero 1001 Radio Station Road La Plata, MD 20646						
Division Office at 301-932-3599, or to	at the email address you provided above. Questions should be directed to the Meg Romero at RomeroM@CharlesCountyMD.gov.  COLLECTION CONTRACTORS					
Name of Hauler:						
Phone Number:	to (month/year)					
Name of Hauler:	Contract Terms: From (month/year)					
Phone Number:	to (month/year)					
Name of Hauler:	Contract Terms: From (month/year)					
Phone Number:	to (month/year)					
*Failure to complete this form with according to each day of noncompliance.	curate information by April 1, 2024, may result in fines (not to exceed \$50 per day)					

Hauler's Name	Destination (If Self-Hauled)	Size of Collection Container(s)*	Number of Collection Containers	Collection Frequency**

<sup>\*</sup>If unsure, your hauler should be able to provide this information. \*\*Collection Frequency; *1-dumpster serviced 4 times a month*.

## **SECTION 2: RECYCLABLE MATERIALS**

Apartment and Condominium complexes must collect (at a minimum) the following materials:

- Plastic bottles, jugs, and wide-mouth containers
- Metal Cans and Beverage Containers
- Glass bottles and jars
- Paper
- Cardboard

Please list any additional materials that were	also collected under your program:	
The undersigned hereby certifies that the information available to the County for verification, if requestions are supported by the county for verification and the county for verification are supported by the county for verification and the county for verification are supported by the county for verification and the county for verification are supported by the county for verification and the county for verification are supported by the county for verification are sup	tion contained in this report is true and accurate. Records will be ted.	made
Print Name:	Title:	
Authorized Signature:	Date:	