



Solid Waste Hauler Information Sheet

(Please attach additional sheets as necessary in answering the questions below).

Company Name _____

Address _____

City _____ State _____ Zip Code _____

Phone: _____ Business _____ Mobile _____ Fax _____

Contact Person/Title _____ / _____

24-Hour Emergency Contact Person/ Phone _____ / _____

Attach a list with the following information for single family residential units you serve:

1. Number of single family units serviced (by street location)
2. Day(s) of week serviced and frequency if other than weekly service (if collection day or frequency is different for recycling or yard trimmings provide day and frequency for those services)
3. Size, type and number of containers provided per unit (include solid waste and recycling)
4. Indicate if the entire neighborhood/complex is under an exclusive contract.

Attach a list with the following information for each non-single family residential customer you serve:

(Include neighborhood clubhouses, multi-family structures with 4 or more residential units, apartment complexes, commercial buildings, schools, churches, institutions, office buildings and businesses served with commercial or industrial containers at least weekly):

1. Name
2. Location
3. Day(s) of week serviced and frequency if other than weekly service (if collection day or frequency is different for recycling or yard trimmings provide day and frequency for those services)
4. Number of units serviced
5. Size, type and number of containers provided (include solid waste and recycling).

For residential solid waste collections:

_____ How many weekly or bi-weekly routes do you collect fully or partially within Johns Creek (Total)?

_____ How many are exclusively in Johns Creek?

For residential yard trimming collections:

_____ How many weekly or bi-weekly routes do you collect fully or partially within Johns Creek (Total)?

_____ How many are exclusively in Johns Creek?

For residential recycling collections:

_____ How many weekly or bi-weekly routes do you collect fully or partially within Johns Creek (Total)?

_____ How many are exclusively in Johns Creek?

List the type of equipment you use and its weight:

QTY	TYPE	NUMBER OF AXLES	EMPTY WEIGHT	FULL WEIGHT

Indicate with a check mark the following services you provide in the City of Johns Creek:

- _____ Residential curbside pick-up 1 time\week How many? _____
- _____ Residential curbside pick-up 2 times\week How many? _____
- _____ Residential back door pick-up weekly How many? _____
- _____ Recycling Residential
- _____ Recycling Commercial
- _____ Separate yard trimmings collection Residential
- _____ Separate yard trimmings collection Commercial
- _____ Residential Junk \ Bulky Waste removal
- _____ Commercial _____ Dumpster _____ Roll-off _____ Other _____
- _____ Hazardous waste pick-up _____ Household _____ Commercial
- _____ Restaurant food, oils/grease
- _____ Construction/debris
- _____ Other _____ **(please list type of service)** _____

List the recyclables you collect *(Please attach list by residential, commercial, and apt. complexes)*

What are your fees? **(Maximum currently charged)**

\$_____ Commercial (Once per week service for 6 CY dumpster)

\$_____ Commercial (Charge per haul for 20 CY roll off, not including disposal fees)

\$_____ Residential (Once per week 90 gal solid waste cart, 30 gal recycling cart, yard trimmings collection, and monthly bulk waste collection)

What additional fees/surcharges do you impose?

_____ Fuel Surcharge
_____ Administrative Fee
_____ Cart fee
_____ Other (describe additional "other" fee(s) below)

Do you bill _____ Monthly _____ Quarterly _____ Annually?

List the name and location of each facility you deliver waste collected in the City of Johns Creek to.
(If a transfer station is used, also identify the facility used for final disposition of waste)

Type of Facility _____

Name of Facility _____

Address : _____

City, State, Zip Code _____

Phone: _____

Types of material processed/disposed _____

Type of Facility _____

Name of Facility _____

Address : _____

City, State, Zip Code _____

Phone: _____

Types of material processed/disposed _____

Type of Facility _____

Name of Facility _____

Address : _____

City, State, Zip Code _____

Phone: _____

Types of material processed/disposed _____

Type of Facility _____

Name of Facility _____

Address : _____

City, State, Zip Code _____

Phone: _____

Types of material processed/disposed _____

Type of Facility _____

Name of Facility _____

Address : _____

City, State, Zip Code _____

Phone: _____

Types of material processed/disposed _____

List below the tonnage of waste you collect annually in Johns Creek:

RESIDENTIAL

COMMERCIAL

Municipal Solid Waste _____

Municipal Solid Waste _____

Yard Trimmings _____

Yard Trimmings _____

Recycled materials _____

Recycled materials _____

Bulk Waste _____

Bulk Waste _____

Construction/debris _____

Construction/debris _____