

**CALVERT COUNTY**  
Solid Waste and Recycling Division

**Special Event Recycling Program (SERP)**  
**Tonnage Report Form**

Completed reports must be returned within 30 days of the end of the event to:

Heather Maggard  
Recycling Coordinator  
401 Sweetwater Rd.  
PO Box 1330  
Lusby, MD 20657

410-326-0210 - Phone

410-586-9461 - Fax

[Heather.Maggard@calvertcountymd.gov](mailto:Heather.Maggard@calvertcountymd.gov)  
<https://www.calvertcountymd.gov/recycle>

SERP Event Name: \_\_\_\_\_

Contact Person and Job Title\*\*: \_\_\_\_\_

Physical Address of Company\*\*:  
(Street, Town, State, Zip) \_\_\_\_\_

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

Phone #: \_\_\_\_\_ 800 #: \_\_\_\_\_

E-mail: \_\_\_\_\_ Fax #: \_\_\_\_\_

\* Questions and comments should be directed to the County Recycling Coordinator.

\*\* Attach a business card if it contains all of the contact information requested.

**Circle all appropriate responses:**

Attached is a copy of weight receipts for materials recycled:	YES	NO
Attached is a copy of weight receipts from Appeal Landfill for materials recycled:	YES	NO
Attached is a copy of report of materials recycled from our private hauler:	YES	NO
Attached is a copy of the letter from the facility indicating we can use their recycling services:	YES	NO

**If you answer 'yes' to the previous questions and *do not* have any additional tonnage to report, then simply return this front page via fax, email or mail.**

**If you have additional information to provide, please complete the remainder of the form and return it to the Recycling Coordinator above.**

**Thank you for taking your time to provide us with this valuable information.**

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date Completed

## Special Event Recycling Tonnage Report Form

**Solid Waste Disposal (Please copy this page if you need to list more):**

Hauler / Collector:	Amount Disposed (in tons):	Hauler:	Disposal Location (State or Facility):

### Recyclable Materials

CATEGORY	MATERIALS	<b>TONS</b> RECYCLED *	HAULER and MARKET for MATERIAL
<b>SINGLE STREAM RECYCLABLES</b>	Commingled Paper & Containers		
<b>COMMINGLED CONTAINERS</b>	Commingled Containers		
<b>PAPER</b>	Corrugated Cardboard		
	Mixed Paper		
<b>OTHER MATERIALS</b>	Food Waste (composted/mulched)		
<b>OTHER MATERIALS</b>			
<b>OTHER MATERIALS</b>			
<b>TOTAL TONS MATERIALS</b>		<b>tons</b>	

Food waste was not composted because (Please print clearly):

I certify, to the best of my knowledge, that the totals claimed on this form are accurate and based upon actual records. Copies of these tonnage records are attached.

**Event Organizer contact (or County Contact if completing for the business)**

\_\_\_\_\_

Signature

\_\_\_\_\_

Print Name and Title

\_\_\_\_\_

Date