



20__ Annual Report Form

Person submitting form:	Business Name:
Address:	City / Zip:
Phone Number:	E-Mail:
Signature*:	Date:

*This signature states that all information in this document is accurate to the best of my knowledge.

Please fill in the number of accounts and the type & amount of material collected within Lyons Town limits in the previous year.

Landfilled Materials					
	Number of Accounts	Total Municipal Solid Waste Landfilled (in tons)	Destination	Total Construction/ Demolition Material Landfilled (in tons)	Destination
SINGLE FAMILY RESIDENTIAL			<input type="checkbox"/> Foothills Landfill <input type="checkbox"/> Front Range Landfill <input type="checkbox"/> Waste Management <input type="checkbox"/> Western Disposal <input type="checkbox"/> Other (specify):		<input type="checkbox"/> Foothills Landfill <input type="checkbox"/> Front Range Landfill <input type="checkbox"/> Waste Management <input type="checkbox"/> Western Disposal <input type="checkbox"/> Other (specify):
MULTI-FAMILY RESIDENTIAL			<input type="checkbox"/> Foothills Landfill <input type="checkbox"/> Front Range Landfill <input type="checkbox"/> Waste Management <input type="checkbox"/> Western Disposal <input type="checkbox"/> Other (specify):		<input type="checkbox"/> Foothills Landfill <input type="checkbox"/> Front Range Landfill <input type="checkbox"/> Waste Management <input type="checkbox"/> Western Disposal <input type="checkbox"/> Other (specify):
COMMERCIAL/ INDUSTRIAL/ INSTITUTIONAL			<input type="checkbox"/> Foothills Landfill <input type="checkbox"/> Front Range Landfill <input type="checkbox"/> Waste Management <input type="checkbox"/> Western Disposal <input type="checkbox"/> Other (specify):		<input type="checkbox"/> Foothills Landfill <input type="checkbox"/> Front Range Landfill <input type="checkbox"/> Waste Management <input type="checkbox"/> Western Disposal <input type="checkbox"/> Other (specify):
TOTAL					



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Standard Recycled Materials

	# of Recycling Accounts	Total Tons Single-Stream Recycling Recycled	Recyclables Destination	Total Tons Corrugated Cardboard Recycled	Cardboard Destination	Total Tons Construction / Demolition (C&D) Material Recycled	C&D Destination
SINGLE FAMILY RESIDENTIAL*			<input type="checkbox"/> BC Recycling Center <input type="checkbox"/> Waste Management <input type="checkbox"/> Other (specify):		<input type="checkbox"/> BC Recycling Center <input type="checkbox"/> Waste Management <input type="checkbox"/> Other (specify):		<input type="checkbox"/> ReSource Yard <input type="checkbox"/> Western Disposal <input type="checkbox"/> Other (specify):
MULTI-FAMILY RESIDENTIAL*			<input type="checkbox"/> BC Recycling Center <input type="checkbox"/> Waste Management <input type="checkbox"/> Other (specify):		<input type="checkbox"/> BC Recycling Center <input type="checkbox"/> Waste Management <input type="checkbox"/> Other (specify):		<input type="checkbox"/> ReSource Yard <input type="checkbox"/> Western Disposal <input type="checkbox"/> Other (specify):
COMMERCIAL/ INDUSTRIAL/ INSTITUTIONAL			<input type="checkbox"/> BC Recycling Center <input type="checkbox"/> Waste Management <input type="checkbox"/> Other (specify):		<input type="checkbox"/> BC Recycling Center <input type="checkbox"/> Waste Management <input type="checkbox"/> Other (specify):		<input type="checkbox"/> ReSource Yard <input type="checkbox"/> Western Disposal <input type="checkbox"/> Other (specify):
TOTAL							



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Additional Recycled Materials

	Number of Pick-ups	Total E-Waste Recycled	Destination	Total Tons Scrap Metal	Destination	Total Misc. Household Materials	Destination
SINGLE FAMILY RESIDENTIAL			<input type="checkbox"/> CHaRM <input type="checkbox"/> Electronics Recyclers Int'l <input type="checkbox"/> Western Disposal <input type="checkbox"/> Other (specify):		<input type="checkbox"/> CHaRM <input type="checkbox"/> Electronics Recyclers Int'l <input type="checkbox"/> Western Disposal <input type="checkbox"/> Other (specify):		<input type="checkbox"/> CHaRM <input type="checkbox"/> Electronics Recyclers Int'l <input type="checkbox"/> Western Disposal <input type="checkbox"/> Other (specify):
MULTI-FAMILY RESIDENTIAL			<input type="checkbox"/> CHaRM <input type="checkbox"/> Electronics Recyclers Int'l <input type="checkbox"/> Western Disposal <input type="checkbox"/> Other (specify):		<input type="checkbox"/> CHaRM <input type="checkbox"/> Electronics Recyclers Int'l <input type="checkbox"/> Western Disposal <input type="checkbox"/> Other (specify):		<input type="checkbox"/> CHaRM <input type="checkbox"/> Electronics Recyclers Int'l <input type="checkbox"/> Western Disposal <input type="checkbox"/> Other (specify):
COMMERCIAL/ INDUSTRIAL/ INSTITUTIONAL			<input type="checkbox"/> CHaRM <input type="checkbox"/> Electronics Recyclers Int'l <input type="checkbox"/> Western Disposal <input type="checkbox"/> Other (specify):		<input type="checkbox"/> CHaRM <input type="checkbox"/> Electronics Recyclers Int'l <input type="checkbox"/> Western Disposal <input type="checkbox"/> Other (specify):		<input type="checkbox"/> CHaRM <input type="checkbox"/> Electronics Recyclers Int'l <input type="checkbox"/> Western Disposal <input type="checkbox"/> Other (specify):
TOTAL							



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Compost Materials			
	Number of Compost Accounts	Total Tons of Composted Materials	Destination
SINGLE FAMILY RESIDENTIAL			<input type="checkbox"/> A-1 Organics <input type="checkbox"/> CHaRM <input type="checkbox"/> Waste Management <input type="checkbox"/> Western Disposal <input type="checkbox"/> Other (specify):
MULTI-FAMILY RESIDENTIAL			<input type="checkbox"/> A-1 Organics <input type="checkbox"/> CHaRM <input type="checkbox"/> Waste Management <input type="checkbox"/> Western Disposal <input type="checkbox"/> Other (specify):
COMMERCIAL/ INDUSTRIAL/ INSTITUTIONAL			<input type="checkbox"/> A-1 Organics <input type="checkbox"/> CHaRM <input type="checkbox"/> Waste Management <input type="checkbox"/> Western Disposal <input type="checkbox"/> Other (specify):
TOTAL			

**PLEASE SUBMIT TO TOWN OF LYONS
BY JANUARY 31 OF THE FOLLOWING
REPORTING YEAR**

Submit to: Town of Lyons
 432 5th Avenue (physical address)
 P.O Box 49 (mailing address)
 Lyons, CO 80540
 Phone: 303-823-6622
 Questions:
licensing@townoflyons.com
 or 303-823-6622