



Solid Waste Hauler Information Sheet

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

Date _____

Company Name _____

Address _____

City _____ State _____ Zip Code _____

Phone: Office _____ 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 _____

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

What are your fees? **(MAXIMUM CURRENTLY CHARGED)**

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

\$ _____ Per Haul - Commercial (Charge for 20 CY roll off, not including disposal fees)

\$ _____ Per Month - 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 that receives waste collected in the City of Johns Creek.
(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: _____

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	_____ Tons	_____ Tons
Yard Trimmings	_____ Tons	_____ Tons
Recycled materials	_____ Tons	_____ Tons
Bulk Waste	_____ Tons	_____ Tons
Construction/debris	_____ Tons	_____ Tons