CERTIFICATE OF REUSE OR RECYCLING

For use of this form, see the Integrated Solid Waste Management Plan; the proponent is DPW-ENRD

To be completed by Recycling Center Representative:						
Fort Rucker Recycling Center DPW Environmental & Natural Resources Division BLDG 9322, Mayfield Avenue, Fort Rucker, AL 36362 / 334-255-0468						
Check box:	Generated	or	Received			
Other Organization: (Name, Address, Phone)						
Signature:Check box:	Generated					
Date:						
Weight:						
Check box:	Tons	or	Lbs. /	Estimate or	Exact W	eight
Description:						
All materials received will be evaluated for reuse or recycled. All reuse and recycling are done in conformance with Federal, State, Army and Local regulations and laws.						
Recycling Center	Representati	ve				
Print:						
Sign:						
-			T WRITE BELO			
E the list the O list. West Assess I Broad (OWAR)						
Entered into the Solid Waste Annual Report (SWAR): Date: Initials:				Yes	No	
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