



Waste Reduction and Recycling Onsite Assistance Request Application

Does your business wish to start or expand your recycling program, but are you unsure where to start? Fill out this brief application to receive a personalized walkthrough at your place of business from a City of Lincoln Recycling Office representative. The walkthrough will affirm what is working well and will give you suggestions for ways you can improve your recycling program. The representative will answer all your recycling and composting questions, and will provide you with a personalized walkthrough report that will detail specific recommendations you can implement. There is no cost for this service.

Please return this completed form to:

City of Lincoln
Solid Waste Management
Attn: Recycling Coordinator
5101 N. 48th Street
Lincoln, NE 68504

Or scan form and email to recycleteam@lincoln.ne.gov

A City of Lincoln Recycling Office representative will contact you regarding further details once your application has been processed. Please allow 2 to 4 weeks to receive confirmation and further information regarding your application.

Waste Reduction and Recycling Pledge

_____ pledges to work with the City of Lincoln
(Name of Organization)

Solid Waste Management Division to help achieve the community's goal of decreasing the annual per capita amount disposed by 30% in 2040. This will be accomplished by assessing the amount of waste disposed by our organization; identifying opportunities to divert waste from disposal; implementing waste reduction, material reuse and recycling programs; and educating employees on the organizations guidelines for recycling.

Signed: _____
(Organization Manager)

1) Applicant Information

Company/Organization: _____

Number of Employees: _____

Address: _____

City, State, Zip: _____

Contact Name: _____

Contact Phone: _____

Contact Email: _____

2) Which of the following best describes your business sector?

- | | |
|---|--|
| <input type="checkbox"/> Auto and Truck Repair | <input type="checkbox"/> Manufacturing |
| <input type="checkbox"/> Distribution and Warehousing | <input type="checkbox"/> Multi-Family Housing |
| <input type="checkbox"/> Educational Institution | <input type="checkbox"/> Multi-tenant Commercial Building |
| <input type="checkbox"/> Financial Activities | <input type="checkbox"/> Retail & Wholesale Trade |
| <input type="checkbox"/> Food Services | <input type="checkbox"/> Residential and Commercial Construction |
| <input type="checkbox"/> Government | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Health Services | <input type="checkbox"/> Utilities |
| <input type="checkbox"/> Hospitality/Hotel | <input type="checkbox"/> Other (specify) _____ |

3) Does your company currently have a recycling program? What materials are recycled?

4) What are the most prevalent materials that are currently in your waste stream that you would like to see diverted to a recycling stream if your business had a better-functioning recycling program?

5) **How many of the following sizes of trash containers do you have on site?** If you are unsure, see photos of dumpster sizes at recycle.lincoln.ne.gov/commercial/fact-sheets/pdf/container-sizes-volumes.pdf

___ 2-yd³ ___ 4-yd³ ___ 6-yd³ ___ 8-yd³ ___ 65-gallon ___ 95-gallon

___ Other Size (Please specify):

a. How often are these trash containers emptied?

___ times per week OR ___ times per month

6) **How many of the following sizes of recycling containers do you have on site?**

___ 2-yd³ ___ 4-yd³ ___ 6-yd³ ___ 8-yd³ ___ 65-gallon ___ 95-gallon

___ Other Size (Please specify):

a. How often are these recycling containers emptied?

___ times per week OR ___ times per month

7) **Does your business collect organic waste? If yes, provide the details of your service here:** How many of the following sizes of organic waste containers do you have on site?

___ 2-yd³ ___ 4-yd³ ___ 6-yd³ ___ 8-yd³ ___ 65-gallon ___ 95-gallon

___ Other Size (Please specify):

a. How often are these organic waste containers emptied?

___ times per week OR ___ times per month

8) **If you have any final questions or comments regarding recycling at your place of business, please enter them here:**

9) Signature

By signing below, I acknowledge that I am an authorized representative of the entity applying for this program. I certify the information provided on this application is accurate and complete. I acknowledge and agree that by signing below, representative indemnify, defend, save and hold City, its departments and employees harmless from any and all claims, lawsuits, or liability, including attorney's fees and costs, arising out of, in connection with, or incident to any loss, damage or injury to persons or property, including death, or from any wrongful or negligent act, error, or omission of representative agents, employees, subcontractors or invitees, occurring during the course of, or as a result of their performance pursuant to participation in the City's onsite recycling assistance program. Nebraska law permits public access to public records, subject to requirements and restrictions provided in Neb. Rev. Stat. § §84-712 to 84-712.09, as amended from time to time. This application and the information provided hereunder shall be accessible under valid public records requests under such laws.

Signature of authorized representative

Date

Printed name of authorized representative

Title of authorized representative