



Solid Waste Disposal Survey

**Please fill out as much information as possible. The most important facts are highlighted in yellow and all of these areas must be completed at a minimum. When you have finished with this form, please FAX over to our office at 480-897-3602 or email to kthomas@wasteconsolidators.com Thank you for your help!*

Date: _____

Property Information:

Property Name: _____ # Units: _____ Approx. % Occupancy: _____

Site Manager: _____ Phone #: _____

Address: _____ Fax #: _____

_____ E-mail: _____

Maint. Super: _____ Maint. Sup. Cell#: _____

Waste Hauler Information

Hauler Name: _____ Account #: _____

Monthly Disposal Bill: _____ Total Number of Bins: _____

Bin Sizes: # of 3 yd bins: _____; # of 4 yd bins: _____; # of 6 yd bins: _____; # of 8 yard bins: _____

Disposal Days Per Week (Please Circle): Mon Tues Wed Thurs Fri Sat Sun

Modified pick-up schedule (e.g. only 1/2 of the bins picked up on a certain day): _____

Do you have a roll-off container on site? yes no If "yes", what size? 20 yd 30 yd 40 yd

What is the roll-off used for? Circle one: Large items (e.g. couches) Refurbishment

Do you have any comments that might be helpful in evaluating the trash disposal service at your property? _____

****Thank you for taking the time to fill out our solid waste disposal. This is the first step in saving time and money at your property while improving the overall curbside appeal!***