

VENTURA COUNTY WASTE RECEIPT QUESTIONNAIRE

For Solid Waste Operations and Facilities

Facility Name _____

Street Address _____

City _____ Zip _____

Telephone Number _____

SUBMIT THIS INFORMATION PRIOR TO THE 15TH OF THE FOLLOWING MONTH:

1. _____ MONTH - when waste is received/handled and/or exported out of county.
2. _____ TONS/ CUBIC YARDS - Total waste received/handled and/or exported out of county.

**(For the purposes of this questionnaire, SOLID WASTE shall include all solid waste and recyclable material, whether or not separated or commingled upon receipt by the collector).*

Prepared By: _____ . Date: _____

I have reviewed this questionnaire and declare under penalty of perjury that the information herein is true and correct to the best of my knowledge.

Signature _____ . Date: _____

PLEASE RETURN TO:

Peter Bozek, R.E.H.S.
 Local Enforcement Agency
 Ventura County Environmental Health Division
 800 South Victoria Avenue
 Ventura, CA 93009-1730
 (805) 654-2859
 (805) 654-2480 FAX
 Peter.Bozek@ventura.org

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 Internet Web Site Address: www.vcrma.org/envhealth