

Waste Audit

Contact Information

Business Name _____

Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____

Contact Name _____ Email _____

Waste Services Information

Current number of Pickups per Week _____ Number of Containers _____

Size of Containers 1 yard 1½ yard 2 yard 4 yard 6 yard
 8 yard 10 yard compactor 10 yard Roll-off 20 yard Roll-off
 30 yard Roll-off Other _____

Types of Waste (please list all) _____

What company current does your hauling? _____

Do you have a contract with your current hauler? Yes No If yes, contract expiration date _____



Fax or mail completed audit to Patty's attention:
847-540-9206 / 50 Lagoon Drive, Hawthorn Woods IL 60047