



ISLAND
 RECYCLING SOLUTIONS
 AN ISLAND RESOURCES COMPANY

Preliminary Resource Audit Form

Business Name: _____

Contact Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Recyclable Material #1: Type of material: _____

Type of receptacle (check one):

- Dumpster Compactor Roll-Off Container
- Bale Loose Hamper
- Other: _____

Size: _____ Yards 60" Bale 36" Bale Other

Pickup frequency? _____ # of times per week _____ # of times per month

Associated monthly fees? \$ _____

Recyclable Material #2: Type of material: _____

Type of receptacle (check one):

- Dumpster Compactor Roll-Off Container
- Bale Loose Hamper
- Other: _____

Size: _____ Yards 60" Bale 36" Bale Other

Pickup frequency? _____ # of times per week _____ # of times per month

Associated monthly fees? \$ _____

Specifically, what types of materials make up the majority of your garbage stream (i.e. materials not currently being recycled)?

Are you currently under contract? ____ (Y/N) Expiration Date? _____

Who is your current recycler? _____

Please fax back to **631.231.8730** or email
 to **irecycle@islandresourcescorp.com**

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