

Breakdown of Collected Materials

Materials collected, recycled and/or reused. (If needed, estimate weight or numbers).

Materials collected	Quantity collected	Quantity recycled	Location (name of recycling or disposal facility or hauler)
Mixed waste	/tons	/tons	
Scrap metal	/tons	/tons	
Tires	/count	/count	
Furniture	/count	/count	
Bicycles	/count	/count	
Appliances	/count	/count	
Paper	/tons	/tons	
Mattresses	/count	/count	
Wood, building supplies	/tons	/tons	
Electronics	/tons	/tons	
Plastics	/tons	/tons	
Foam packaging	/tons	/tons	
Donated clothing, shoes	/count	/count	
Reuse items	/count	/count	
Other			

THANK YOU FOR ORGANIZING A CLEAN-UP PROJECT IN YOUR COMMUNITY!

TO BE COMPLETED BY METRO STAFF:

Date Event Summary received: _____

Unused vouchers Recycling station photo(s)

Signature - Program Manager

Date

Notes: