

Your Name: \_\_\_\_\_

Your Phone # or E-mail address: \_\_\_\_\_

Bin Location (name, city, street): \_\_\_\_\_

	Example					
	Date	Date	Date	Date	Date	Date
	11/02/03					
1) How full is the MRRP Recycling Bin? Please base estimates on tightly packed line.						
Check One:						
Less than 1/4 Full						
1/4 Full						
1/2 Full						
3/4 Full						
Full						
2) Roughly how much trash is in the bin? One piece = one item of trash (i.e. one soda can or one cigarette package)						
Check one:						
Less than 5 pieces						
5 - 10 pieces						
Over 10 pieces						
3) Are there problems with the recycling bin? (Please report problems to MRRP)						
Yes						
No						

4) If you answered 'yes' above, please briefly note the nature of the problem below, if you are submitting by email, or on the back if you are mailing in a copy of this form.

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