



sanitation

REFRIGERANT RECOVERY STEWARDSHIP PLAN COMPANY PROFILE FORM

COMPANY INFORMATION			
NAME:			
STREET ADDRESS:		CITY:	STATE: ZIP:
ADDITIONAL NOTES:			
CONTACT INFORMATION			
Whom should DSNY contact regarding this program?			
FIRST NAME:	LAST NAME:	TITLE:	
STREET ADDRESS:		CITY:	
DAYTIME PHONE:	PHONE TYPE: <input type="checkbox"/> office <input type="checkbox"/> mobile <input type="checkbox"/> other	STATE:	ZIP:
E-MAIL ADDRESS:	ADDITIONAL NOTES:		
BILLING INFORMATION			
Whom should DSNY bill for any charges incurred under the law?			
COMPANY NAME:		TAX ID:	
CONTACT FIRST NAME:	CONTACT LAST NAME:	TITLE:	
STREET ADDRESS:		CITY:	
DAYTIME PHONE:	PHONE TYPE: <input type="checkbox"/> office <input type="checkbox"/> mobile <input type="checkbox"/> other	STATE:	ZIP:
E-MAIL ADDRESS:	ADDITIONAL NOTES:		



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DETAILS OF STEWARDSHIP PLAN

Please provide a list of all owned or licensed brands and their associated appliance types (can be attached to this form).

ENTER LIST OF BRANDS AND ASSOCIATE EACH BRAND WITH AN APPLIANCE TYPE, IF PROVIDING VIA ATTACHMENT, PLEASE INDICATE HERE: ATTACHMENT

IN WHICH TYPE OF STEWARDSHIP WILL YOU BE PARTICIPATING? individual stewardship org DSNY program

IF A MEMBER OF AN APPROVED STEWARDSHIP ORGANIZATION, PROVIDE NAME OF ORGANIZATION:

IF NOT A MEMBER OF A STEWARDSHIP ORGANIZATION, PLEASE PROVIDE A BRIEF OVERVIEW OF PLAN:

PUBLIC CONTACT INFORMATION (If utilizing a stewardship organization, please specify.)

How will the public obtain information about this program?

TOLL-FREE PHONE:

PUBLIC EMAIL ADDRESS:

CONSUMER INFORMATION WEBSITE?

YES NO

IF YES, WEB ADDRESS?

PLEASE PROVIDE ANY ADDITIONAL DETAILS OF YOUR PUBLIC OUTREACH PLAN: