



sanitation

REFRIGERANT RECOVERY STEWARDSHIP PLAN STEWARDSHIP ORGANIZATION PROFILE FORM

STEWARDSHIP ORGANIZATION INFORMATION			
NAME:			
STREET ADDRESS:		CITY:	STATE: ZIP:
ADDITIONAL NOTES:			
CONTACT INFORMATION			
Who 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:	
MANUFACTURER INFORMATION			
Please list the manufacturers that are members of this stewardship organization below or attach to form.			
BILLING INFORMATION			
Whom should DSNY bill for any charges incurred under the law?			
COMPANY NAME:		TAX ID:	
CONTACT FIRST NAME:		CONTACT LAST NAME:	TITLE:



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DAYTIME PHONE:	PHONE TYPE: <input type="checkbox"/> office <input type="checkbox"/> mobile <input type="checkbox"/> other	STATE:	ZIP:
E-MAIL ADDRESS:		ADDITIONAL NOTES:	
DETAILS OF STEWARDSHIP PLAN			
PLEASE PROVIDE A BRIEF OVERVIEW OF PLAN:			
PUBLIC PROGRAM INFORMATION			
How will the public obtain information about this program?			
TOLL-FREE PHONE:			
PUBLIC EMAIL ADDRESS:			
CONSUMER INFORMATION WEBSITE? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, WEB ADDRESS?	
PLEASE PROVIDE ANY ADDITIONAL DETAILS OF YOUR PUBLIC OUTREACH PLAN:			