



**City of Austin, Solid Waste Services Department  
Multi-Family & Commercial Recycling  
Plan Form**

www.ci.austin.tx.us/sws/recyclerules.htm  
494-9400 ♦ 974-9048 (fax)



The City of Austin requires owners of all multi-family properties (100 units or more), commercial businesses and building owners (100 employees or more) in the City of Austin to submit a plan form showing compliance with the requirement to provide an “on-site” recycling program. (City Code Section 12-3-171). A separate Recycling Plan Form must be completed for each property location. In completing this form, the method and materials that will be recycled at the address listed below must be specified.

(Please place an ‘X’ next to the appropriate blank)

\_\_\_\_\_ Multi-Family Property                      \_\_\_\_\_ Commercial Business                      \_\_\_\_\_ Multi-Tenant Building

No. of multi-family units: \_\_\_\_\_                      No. of employees/tenants: \_\_\_\_\_

Name of Multi-Family Property/Business \_\_\_\_\_

Name of Owner/Managing Company \_\_\_\_\_

Address of Property \_\_\_\_\_

Program Contact Person \_\_\_\_\_ Phone number \_\_\_\_\_

**Note: You are encouraged to recycle more than the required materials stated in the Administrative Guidelines.**

I agree to have a recycling system at the above address. I understand that on-site recycling containers must be provided and must be adequate to hold accumulated recyclables until hauled to a processor. The recycling containers must be at least as convenient to tenants/employees as trash containers.

**ALL Materials to be Recycled**

List all materials and then mark an ‘X’ under appropriate provider \*

Collected by  
Service Provider

Self-haul to  
Recycler

- |           |       |       |
|-----------|-------|-------|
| 1.) _____ | _____ | _____ |
| 2.) _____ | _____ | _____ |
| 3.) _____ | _____ | _____ |
| 4.) _____ | _____ | _____ |
| 5.) _____ | _____ | _____ |

\*If necessary, please use additional paper to list the materials to be recycled.

What is the name of your service provider(s)? \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**Please return completed form to: City of Austin, Solid Waste Services Department,  
Mandatory Recycling Division, P.O. Box 1088, Austin, Texas 78767.**