



Municipal E-Waste Recycling Plan

Please complete this form in accordance with the *Municipal Guidance for Compliance with Requirements of Connecticut's E-Waste Recycling Law*. Print or type unless otherwise noted.

DEP USE ONLY	
No.	_____
Approved:	_____

Part I: Plan Type

Check the applicable plan type:

- A new plan [#1191] *A modification of an approved plan [#1536]

* Note: Use this form to notify DEP of any proposed changes to an approved plan.

Part II: Plan Information

1. This plan is being submitted on behalf of (check one):

- a single municipality* a region consisting of two or more municipalities

2. List information on the entity submitting this plan.

Name of Town/Region:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.

Fax:

Contact Person:

Title:

Email:

* Note: For plans being submitted on behalf of a single municipality: Skip Part III, Proceed to Part IV.

Part III: Regional Program Information

List each municipality which will be covered under this E-Waste Recycling Plan and all associated information.

Attach additional sheets if necessary.

Municipality	Contact Name & Title	Address	Contact Phone and E-Mail	Program Type*		
				A	B	C
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* Check the applicable box(es) in columns A, B, or C summarizing all programs your municipality(ies) will implement.

A = Permanent Collection Program B = One Day Collection Program C = Retail Collection Program

Part IV: Program Information – Section A: Permanent Collection Program

1. For a single municipality that is proposing to implement a collection program at a permanent site, provide the program information.
2. For regional programs, list each municipality that is proposing to implement a collection program at a permanent site and provide program information for each.

Attach additional sheets if necessary.

Municipality	*Address of Physical Location of Permanent Site Program	Days and Hours of Operation	Transport Type **C or D	Outreach Type***

* Note: To determine if your permanent site is required to obtain or update a permit to accept E-waste, contact WEED at 424-3272.

** Enter “C” for Curbside Pick-up or “D” for resident drop-off.

*** Outreach types may include, local newsletters, posted signs at site, website information, flyer/brochure, broadcast information

Part IV: Program Information – Section B: One Day Collection Program

1. For a single municipality that is proposing to implement a one day collection program, provide the program information.
2. For regional programs, list each municipality that is proposing to implement a one day collection program, and provide program information for each.

Attach additional sheets if necessary.

Participating Municipalities		
Town of Physical Location (<i>If Known</i>) for Proposed One-Day Collection, include street address, if known.	Number of One-Day Collections/ year	Outreach Type***

*** Outreach types may include: local newsletters, posted signs at site, website information, flyer/brochure, broadcast information

Part IV: Program Information – Section C: Retail Collection Program

1. For a single municipality that is proposing to implement a retail collection program, provide the program information.
2. For regional programs, list each municipality that is proposing to implement a retail collection program, and provide program information for each.

Attach additional sheets if necessary.

Participating Municipalities		
Town of Physical Location for Proposed Retail Collection Programs, include street address, if known.	Dates and Hours of Operation	Outreach Type***

Note: For retail collection programs, please refer to the Municipal Guidance for specific requirements.

*** Outreach types may include: local newsletters, posted signs at site, website information, flyer/brochure, broadcast information

Part V: Other Program Information

Attach additional sheets if necessary.

1. If a permanent site was not chosen as a collection site, explain why a permanent site cannot be provided or why it is not the most convenient and accessible collection site.

2. Describe existing one day collection programs if applicable and why they will or will not continue.

3. If this plan is being submitted on behalf of a region of two or more municipalities, please submit proof of authorization, with this plan, which states that each municipality covered under this plan has consented to being represented.

Part VI: Certification

For a single municipality, the town CEO must sign this part. For a region consisting of two or more municipalities, the regional Program Administrator must sign this part. A plan will be considered incomplete unless all required signatures are provided.

<p>“I have personally examined and am familiar with the information submitted in this document and all attachments thereto, and I certify that based on reasonable investigation, including my inquiry of the individuals responsible for obtaining the information, the submitted information is true, accurate and complete to the best of my knowledge and belief.</p> <p>I understand that a false statement in the submitted information may be punishable as a criminal offense, in accordance with section 22a-6 of the General Statutes, pursuant to section 53a-157b of the General Statutes, and in accordance with any other applicable statute.</p> <p>I certify that this plan is on complete and accurate forms as prescribed by the commissioner without alteration of the text.</p> <p>For plans consisting of two or more municipalities, I certify that the municipalities which are covered under this plan have consented to being represented in this plan.”</p>	
<p>_____ Signature of Town CEO or Regional Program Administrator</p>	<p>_____ Date</p>
<p>_____ Name of Town CEO or Regional Program Administrator (print or type)</p>	<p>_____ Title (if applicable)</p>

Note: Please submit this completed plan to:

CENTRAL PERMIT PROCESSING UNIT
 DEPARTMENT OF ENVIRONMENTAL PROTECTION
 79 ELM STREET
 HARTFORD, CT 06106-5127

If this plan is being submitted on behalf of a region of two or more municipalities, you must include proof of authorization which states that each municipality has consented to being represented on such plan.