Company Name:

Media Account Consultant:

**SERVICES**

*Please indicate the products/services provided by your garbage collection company by checking off the appropriate ones below.*

**Services:**

\_\_\_ Recycling

\_\_\_ Scrap Metal Recycling

\_\_\_ Electronics Recycling

 \_\_\_ Batteries

\_\_\_ Yard Waste Removal

\_\_\_ Rental/Move Clean-Up

\_\_\_ Weekly Collection

\_\_\_ Renovation Clean-Up

\_\_\_ Dumpster Clean-Up

\_\_\_ Office Clean-Up

\_\_\_ Shingle Recycling

\_\_\_ Demolition

\_\_\_ Construction Waste Removal

**Areas of Service:**

\_\_\_ Residential

 \_\_\_ Commercial

 \_\_\_ Industrial

 \_\_\_ Corporate/Office Building

**\_\_\_ Bin/Container Rentals (list sizes available):**

**Other Services** (list below):