**Illinois County and Municipal**

**Joint Action Agency Collector**

**Opt-In Form**

*Note: Inaccurate or incomplete information provided on this form may be grounds for rejection.*

All collectors and their vendors are subject to audits by manufacturer programs authorized under 415 ILCS 151/1-30.

**Instructions**: Please fill out this form, print and sign, and then scan and submit to info@ilclearinghouse.org. As an alternative you may also mail a signed hard copy postmarked by March 1st to:

Joseph Kakesh

Wiley Rein LLP

1776 K Street NW

Washington, DC 20006

Note that the statute (415 ILCS 151/1-20) also requires you file this information with the Illinois EPA.

For more information on the Manufacturer Clearinghouse and information on the changes to the manufacturer program in Illinois, please visit: <http://ilclearinghouse.org>. This site also contains guidelines for collectors.

**Section 1: Jurisdiction Information**

|  |  |  |
| --- | --- | --- |
| **Item Number** | **Attribute** | **Response** |
| 1.01 | Name of County or Municipal Joint Action Agency: |  |
| 1.02 | Contact Name: |   |
| 1.03 | Address:  |   |
| 1.04 | Zip Code: |   |
| 1.05 | Phone: |   |
| 1.06 | Email: |   |
| 1.07 | Number of proposed collection sites: *Refer to Sections 2 & 3. If you have more than two proposed collection sites, see Additional Collection Sites form in the addendum.* |  |
| 1.08 | Number of events: *(Refer to Section 4)* |   |
| 1.09 | Name of Logistics/Recycling Firm (if applicable) |   |
| 1.10 | Is this Logistics/Recycling Firm currently servicing proposed locations? Please specify locations. |   |
| 1.11 | **Please attach completed collection form(s) for all proposed collection sites that were reported to IEPA as collectors in 2017.** |

**Section 2: Proposed Collection Site 1 – Specific Information**

|  |  |  |
| --- | --- | --- |
| **Item Number** | **Attribute** | **Response** |
| 2.01 | Is Collection Site 1 operated by the county/MJAA or by an outside vendor? |   |
| 2.02 | Collection Site 1 Contact Name: |  |
| 2.03 | Collection Site 1 Contact Phone: |  |
| 2.04 | Collection Site 1 Contact Email: |  |
| 2.05 | Collection Site 1 Address: |  |
| 2.06 | Collection Site 1 Zip Code: |  |
| 2.07 | Collection Site 1 Phone: |  |
| 2.08 | Collection Site 1 Days and Hours of Operation: |  |
| 2.09 | Description of Current Services (e.g., semi-trailer pick-ups, box truck pick-ups, need forklift or pallet jack for loading) |  |
| 2.10 | Collection Site 1 Site Limitations: (e.g., residency requirements, operational limitations relating to bulk pickup, etc.)  |  |
| 2.11 | Collection Site 1 Total Estimated Annual CED Collection (in lbs., if actual collection data are available for the prior year please provide them): |  |

**Section 3: Proposed Collection Site 2 – Specific Information**

|  |  |  |
| --- | --- | --- |
| **Item Number** | **Attribute** | **Response** |
| 3.01 | Is Collection Site 2 operated by the county/MJAA or by an outside vendor? |   |
| 3.02 | Collection Site 2 Contact Name: |  |
| 3.03 | Collection Site 2 Contact Phone: |  |
| 3.04 | Collection Site 2 Contact Email: |  |
| 3.05 | Collection Site 2 Address: |  |
| 3.06 | Collection Site 2 Zip Code: |  |
| 3.07 | Collection Site 2 Phone: |  |
| 3.08 | Collection Site 2 Days and Hours of Operation: |  |
| 3.09 | Description of Current Services (e.g., semi-trailer pick-ups, box truck pick-ups, need forklift or pallet jack for loading) |  |
| 3.10 | Collection Site 2 Site Limitations:(e.g., residency requirements, operational limitations relating to bulk pickup, etc.) |  |
| 3.11 | Collection Site 2 Total Estimated Annual CED Collection (in lbs., if actual collection data are available for the prior year please provide them): |  |

**Section 4: Collection Event Information**

|  |  |  |
| --- | --- | --- |
| **Item Number** | **Attribute** | **Response** |
| 4.01 | Collection Event 1 Details (Location, Address, Hours, Limitations, CED lbs. collected): |  |
| 4.02 | Collection Event 2 Details (Location, Address, Hours, Limitations, CED lbs. collected): |  |
| 4.03 | Collection Event 3 Details (Location, Address, Hours, Limitations, CED lbs. collected): |  |
| 4.04 | Collection Event 4 Details (Location, Address, Hours, Limitations, CED lbs. collected): |  |
| 4.05 | Collection Event 5 Details (Location, Address, Hours, Limitations, CED lbs. collected):*If you propose more events please provide information on a separate form.* |  |

**Certification of Authorized Government Official (REQUIRED)**

|  |  |
| --- | --- |
| Name: |   |
| Title: |   |
| Date: |   |
| Authorized Signature: |  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*I certify that the information provided on this form is true, accurate* *and complete to the best of my knowledge.* |

**Additional Collection Sites Addendum**

**Instructions:** Please attach this Addendum to the “Illinois County and Municipal Joint Action Agency Collector Opt-In Form” above.

Copy this sheet for as many additional collection sites as appropriate and fill in the corresponding numbers in the blanks.

**Section \_\_\_: Proposed Collection Site \_\_\_ – Specific Information**

|  |  |  |
| --- | --- | --- |
| **Item Number** | **Attribute for Collection Site \_\_\_\_** | **Response** |
| x.01 | Is this Collection Site operated by the county/MJAA or by an outside vendor? |   |
| x.02 | Collection Site Contact Name: |  |
| x.03 | Collection Site Contact Phone: |  |
| x.04 | Collection Site Contact Email: |  |
| x.05 | Collection Site Address: |  |
| x.06 | Collection Site Zip Code: |  |
| x.07 | Collection Site Phone: |  |
| x.08 | Collection Site Days and Hours of Operation: |  |
| x.09 | Description of Current Services (e.g., semi-trailer pick-ups, box truck pick-ups, need forklift or pallet jack for loading) |  |
| x.10 | Collection Site Limitations: (e.g., residency requirements, operational limitations relating to bulk pickup, etc.)  |  |
| x.11 | Collection Site Total Estimated Annual CED Collection (in lbs., if actual collection data are available for the prior year please provide them): |  |