



MARINE RECYCLING MEMBER DROP OFF FORM



Date:
Member Name:
Organization:

Clean-Up Date:
Clean-Up Location:

LOAD CONTENT (Check all that apply)	
<input type="checkbox"/> Hard Plastic Fragments	<input type="checkbox"/> Oyster Baskets / Crab Pots
<input type="checkbox"/> Rope	<input type="checkbox"/> Tires with EPS Foam
<input type="checkbox"/> Netting	<input type="checkbox"/> Barrels
<input type="checkbox"/> Beverage Bottles	<input type="checkbox"/> Floats : Buoys (Hard Plastic)
<input type="checkbox"/> EPS Foam	<input type="checkbox"/> Wetsuits
<input type="checkbox"/> Other: _____	

Scale Ticket #
Weight (in Kg):

West Coast Landfill Employee:

PLEASE ATTACH A COPY OF THE SCALE TICKET TO THIS FORM