

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: <i>Refer to Sections 2 & 3. If you have more than two proposed collection sites, see Additional Collection Sites form in the addendum.</i>	
1.08	Number of events: <i>(Refer to Section 4)</i>	
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): <i>If you propose more events please provide information on a separate form.</i>	

Certification of Authorized Government Official (REQUIRED)

Name:	
Title:	
Date:	
Authorized Signature:	<hr/> <p><i>I certify that the information provided on this form is true, accurate and complete to the best of my knowledge.</i></p>

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):	