

Program Enrollment Form

Please select the program(s) for which you would like a site visit:



NOTE: To qualify for program enrollment, the building must have at least ten (10) units. Individual program options depend on building size. The authorized applicant must be willing to sign a Service Plan agreement with Electronics Recyclers International, Inc. and/or Housing Works confirming all the details of participation.

SITE INFORMATION

Please complete a form for each building.

NAME OF YOUR BUILDING:						DATE:					
STREET ADDRESS:						CITY:			ZIP:		
RESIDENTIAL TYPE: <input type="checkbox"/> Condo <input type="checkbox"/> COOP <input type="checkbox"/> Rental <input type="checkbox"/> University Housing <input type="checkbox"/> Other											
#BLDGS	#UNITS	#FLOORS	# LAUNDRY ROOMS	#STAFF	PARKING AVAILABLE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	FREIGHT ELEVATOR?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
					OUTDOOR EVENT SPACE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	FRONT DESK?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
					LOADING DOCK?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	LEED CERTIFIED?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	

ADDITIONAL NOTES:

CONTACT INFORMATION

Who will formally approve enrolling this location?

FIRST NAME:				LAST NAME:				TITLE:			
ORGANIZATION:						TYPE: <input type="checkbox"/> Management Company <input type="checkbox"/> COOP Board <input type="checkbox"/> Building Owner <input type="checkbox"/> Other:					
STREET ADDRESS:						CITY:			ZIP:		
DAYTIME PHONE:						PHONE TYPE: <input type="checkbox"/> office <input type="checkbox"/> mobile <input type="checkbox"/> other					
E-MAIL ADDRESS:						ADDITIONAL NOTES:					

Who on-site will be responsible for monitoring site, calling for service, and/or coordinating events?

NOTE: This person must be available to meet us on site between 8am and 4pm on weekdays.

FIRST NAME:				LAST NAME:				TITLE:			
ORGANIZATION:						ROLE: <input type="checkbox"/> On-site manager <input type="checkbox"/> Superintendent <input type="checkbox"/> Janitor <input type="checkbox"/> Porter <input type="checkbox"/> Doorman <input type="checkbox"/> Other:					
STREET ADDRESS:						CITY:			ZIP:		
DAYTIME PHONE:						PHONE TYPE: <input type="checkbox"/> office <input type="checkbox"/> mobile <input type="checkbox"/> other					
E-MAIL ADDRESS:						ADDITIONAL NOTES:					