

# BILL OF LADING

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**Municipality to Complete this Section** - Keep a copy for your records and send the original along with the mattress shipment. The Receipt Information will be provided by the recycler.

**Municipality:** \_\_\_\_\_

**Haul Date:** \_\_\_\_\_

**Number of Mattress and Box Spring Units in Load:**

**Collection Container Type (check one):**  40 yd. roll-off  20 ft. sea container  40 ft. sea container  
 48 ft. trailer  53 ft. trailer  other: \_\_\_\_\_

**Collection Site Certified Net Weight (if available):** \_\_\_\_\_ lbs.

The information provided here is to the best of my knowledge true, accurate and complete.

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Name (print)	Phone	Signature	Date
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**Recycling Vendor to Complete this Section** – Keep a copy of the completed form for your records.

**Company Name:** \_\_\_\_\_

**Units Accepted for Recycling:** \_\_\_\_\_

**Units Rejected/Disposed:** \_\_\_\_\_; these units were (check one):  rejected at the collection site  
 received at the recycling facility

**Notes/Explanations of Discrepancies:** \_\_\_\_\_

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The information provided here is to the best of my knowledge true, accurate and complete.

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Name (print)	Signature	Date
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