

**At-Store Recycling Program
 SHEET A
 PLASTIC CARRYOUT BAG PURCHASE MODEL DATA SHEET**

**Section 1 - Identification of Operator or Designated Reporting Party
 Submitting Plastic Carryout Bag Purchase Data Sheet**

1-12. List operator's or reporting party's name(s) and contact information for Sheet A, or check the box below if this information is already listed in the "Operator Certification and Designation Report" (Page 1).

13. List all of the operator's regulated or voluntarily reporting stores. Include location(s) and name(s) or store numbers(s).

The information for numbers 1 thru 12 is the same as the operator's listed contact information from Page 1.

1. Name of Operator or Designated Reporting Party:

2. Mailing Address:

3. City: State: ZIP Code:

4. Contact Person: 5. Phone Number:

6. E-mail Address:

7. Name of Operator: (Provide if a designated reporting party is listed above)

8. Mailing Address:

9. City: State: ZIP Code:

10. Contact Person: 11. Phone Number:

12. E-mail Address:

13. Name(s) and Address(es) of Store(s): (If more space is needed, attach a list of stores with the address of each store location.)

Section 2— Plastic Carryout Bags Purchased

List the weight in pounds of all plastic carryout bags purchased by the store(s) in the annual reporting period.

14. Weight of All Plastic Carryout Bags Purchased During the Annual Reporting Period: _____ pounds

C/P *

* **CONFIDENTIAL / PROPRIETARY/TRADE SECRET INFORMATION:** If information provided about a listed company is considered confidential or proprietary, please indicate by placing a check mark in the box marked "C/P" after filling in the appropriate information.

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Section 3 - Locations Where Plastic Carryout Bag Purchase Transactions Occurred

List all location addresses and contact information where the purchased plastic carryout bags are received from the vendor(s) or check the box below if the locations are stores already listed (Sheet A, Section 2). The location(s) are typically at stores, warehouses, or distribution centers. *(If necessary, attach additional copies of this sheet.)*

Same as list of store locations in #13.

Location 1: C/P*

15a. Company Name:

16a. Street Address:

17a. City: State: ZIP Code:

18a. Contact Person:	19a. E-mail Address:	20a. Phone Number:
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Location 2: C/P*

15b. Company Name:

16b. Street Address:

17b. City: State: ZIP Code:

18b. Contact Person:	19b. E-mail Address:	20b. Phone Number:
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Location 3: C/P*

15c. Company Name:

16c. Street Address:

17c. City: State: ZIP Code:

18c. Contact Person:	19c. E-mail Address:	20c. Phone Number:
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Location 4: C/P*

15d. Company Name:

16d. Street Address:

17d. City: State: ZIP Code:

18d. Contact Person:	19d. E-mail Address:	20d. Phone Number:
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