

**CITY OF GRAPEVINE RESIDENTS ONLY  
GRAPEVINE RECYCLES DAY (GVRD) COLLECTION EVENT**

**FAMILY SURVEY FORM**

*The City of Grapevine, employees, volunteers, and/or other cooperating entities are not responsible for accidents to personal property during this event. Participation in this event is voluntary and at your own risk.*

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ZIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

Is this recycling material only from your house?

YES  NO

If NO, how many others? \_\_\_\_\_

Have you attended a Grapevine Recycling Event before?

YES  NO

What is the **MOST IMPORTANT** environmental concern in Grapevine to you (Please choose **ONLY ONE** for statistical assessment)?

- Litter
- Illegal Dumping
- Recycling
- Trash & Garbage
- Soil Quality (Ground Water Contamination)
- Water Quality (Fishable & Swimmable)
- Water Flooding
- Water Conservation (Drinking Water)
- Air Quality
- Energy Efficiency (City / Govt. Facilities)
- Energy Efficiency (Families & Businesses)

Are you interested in receiving information regarding future Grapevine recycling events?

YES  NO

If yes, may we contact you via e-mail?

YES  NO

Do you have any suggestions or ideas for the City of Grapevine on how to most effectively manage the environment in Grapevine? We welcome your feedback. **Please add feedback on back side of this page.**

<input checked="" type="checkbox"/> <b>REUSE</b> *** CHECK ALL THAT APPLY*** <input type="checkbox"/> <b>RECYCLE</b> *** CHECK MARK DROP-OFF ITEMS***	
<input checked="" type="checkbox"/> <b>Printer Products</b> Ink Jet Cartridges Toner Cartridges	<input type="checkbox"/> <b>Appliances</b> Dishwashers Washers/ Dryers Ovens/ Stoves Refrigerators
<input checked="" type="checkbox"/> <b>911 Cell Phones</b>	<input type="checkbox"/> <b>Cardboard</b>
<input type="checkbox"/> <b>Electronic Recycling</b> e-Waste/Recycle Monitors Hard Drives Computers Televisions	<input checked="" type="checkbox"/> <b>GRACE – REUSE</b> Toys Books Clothing Shoes Reuse Items
<input type="checkbox"/> <b>BATTERIES</b>	<input type="checkbox"/> <b>Mattress(s)</b>
<input checked="" type="checkbox"/> <b>Eye Glasses</b>	<input type="checkbox"/> <b>Tire(s)</b>
<input checked="" type="checkbox"/> <b>Hearing Aids</b>	<input type="checkbox"/> <b>Metal</b>
<input type="checkbox"/> <b>Styrofoam – Block</b>	<input type="checkbox"/> <b>PAPER SHREDDING</b>
<input checked="" type="checkbox"/> <b>Styrofoam – Peanuts</b>	<input checked="" type="checkbox"/> <b>GRACE – FOOD</b>
<input type="checkbox"/> <b>Fire Extinguishers</b>	<input checked="" type="checkbox"/> <b>Santa Cops Toys</b>