

1. What is your zipcode? _____

2. Do you recycle?

- a. Yes (Fill out only **section 1**, no need to complete section 2)
- b. No (Please skip to **section 2**)

SECTION 1

1. Where do you recycle your materials? Circle all that apply.

- a. I utilize my waste management company's curbside pickup option
- b. I use the outdoor recycle carts at my housing community
- c. I take my items to a recycling drop -off site
- d. Other _____

2. How satisfied are you with the recycling program in Jackson County?

- a. Very satisfied
- b. Somewhat satisfied
- c. Neither satisfied nor dissatisfied
- d. Dissatisfied
- e. Very dissatisfied

3. How could the program be improved to increase your level of satisfaction?

4. Which of these items do you recycle (circle all that apply):

Glass	Flexible plastics (i.e food containers, <u>not</u> plastic bags)	Styrofoam
Office paper	Scrap metal	Rigid plastics (i.e buckets)
Cardboard	Electronics	Tin/Aluminum cans
Juice/Milk cartons	Other: _____	

5. What recycling topics do you wish you had more information and resources about?

6. Would you support having a permanent location with regular hours that allow residents to drop off paints, stains, motor oils, electronics, fertilizers, household cleaners, and other Household Hazardous Waste items?

- a. Yes
- b. No
- c. Other _____

7. If you answered yes to the previous question, would you be willing to pay a small annual fee to support having this facility? If yes, how much would you be willing to pay annually for such a program?

SECTION 2

1. Please tell us why you do not recycle. Circle ALL that apply, and proceed to question 4.

- a. I didn't know there was a recycling program in Jackson
- b. I don't know what items I can or cannot recycle
- c. I don't have space in my home for storing recyclable items
- d. I don't have enough items to recycle
- e. I don't know how to find recycling supplies (bags, bins, etc)
- f. Recycling isn't a priority to me
- g. Recycling takes too much time
- h. No one else recycles in my housing community
- i. Other _____

Please use this space to add any notes: _____

2. What recycling topics do you wish you had more information about?

3. Would you support having a permanent location with regular hours that allow residents to drop off paints, stains, motor oils, electronics, fertilizers, household cleaners, and other Household Hazardous Waste items?

- a. Yes
- b. No
- c. Other _____

4. If you answered yes to the previous question, would you be willing to pay a small annual fee to support having this facility? If yes, how much would you be willing to pay annually for such a program?

Please complete the survey and return it to Aleta Daniels at the Jackson County Conservation District.

Email: aleta.daniels@macd.org

Or by mail at:

Recycling Survey
Jackson County Conservation District
211 W Ganson St, Suite 200
Jackson, MI 49201