



Business Recycling Program Participation Questionnaire

Your Interest

What is your overall perception of this program? Positive Neutral Negative

What do you like most about this program? _____

What do you like least about the program? _____

If this service were available, would you pay for it? Yes No Depends on price

If yes, how much would you be willing to pay? \$ _____ /week \$ _____ /month

What would be your primary motivation for buying this service? _____

How would you rate the value of this program for your business? Valuable Somewhat Valuable Not Valuable

How would you rate the value of this program for your community? Valuable Somewhat Valuable Not Valuable

Would you be likely to select Columbus Green Works for this service over another provider? Yes No

Please explain why or why not. _____

Have you purchased a similar service in the past? Yes No Not sure

What would be your most important factor in choosing a provider for this service?

Price Convenience Company Reputation Other: _____

Your Needs

	Paper/Cardboard	Glass	Aluminum	Plastic
Do you have these recyclables? Check box if yes:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you already separate these recyclables? Check box if yes:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Indicate for each type how often would you need a pick up: D=Daily, W=Weekly, E=every other week, M=Monthly.				

Would you be willing to have a large recycling bin on your business property? Yes No Maybe

Return to:

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