## MANDATORY COMMERCIAL RECYCLING MANDATORY COMMERCIAL ORGANICS RECYCLING PROGRAM WAIVER REQUEST



Property nam	ne:				
☐ Business	Type of business:	pe of business:		☐ Multi-family - # of units	
Street addres	ss:				
Mailing addre	ess (if different):				
City:		State:		Zip	
Contact name	e:	•	Phone #:		
Hauler repres	sentative completing	form (print name):			
Date of site v	isit:				
waste, green waste that is mi  Reason for Wa  1. Third-Par  A person o  location, at  description o  collector or	aste, landscape, and exed in with food wast aiver (complete all the style of the material, the aid as the same as	pruning waste, nonhazed.  That apply and provide gorganic waste and/collect all Organics and les food donations to permount generated each use this option, your buste.	ardous woo additional or Commer d/or Commercople or anii week (weigh	nercial Recyclables from this	
Material type		Name of Compar Address, Contact N And Phone #		Activity Conducted with Material (ex. Composted or Feed)	

- 2. 

  Insufficient space for storage of hauler provided containers.
  - Validated by jurisdiction staff, hauler, licensed architect, or engineer.
  - Documentation and pictures must be submitted with waiver request.
- 3. 

  Landscaping contractor hauls landscape waste. Confirmation that material is not landfilled (e.g. landscaping contract, or statement from landscaping company) must be attached to this exemption.

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Material Description	Pounds per week	Name of Landscaping Company, Address, Contact Name, And Phone #	Activity Conducted with Material (ex. Composted or Feed)	
• □ ≥ 2CY of	waste weekly	ste generated per week is less th and < .5 cubic yards of organics (		
<ul><li>□ &lt; 2CY of Provide an exp</li></ul>	waste weekly lanation or des	and < 20 gallons of organics and < 10 gallons of organics scription of the waste generated if i ntainer contents must be attached		
	Please se	end via email to: <u>erinm@ci.carpi</u>	nteria.ca.us	
Approved		For City Use Only		
<ul><li>□ Approved</li><li>□ Denied - Reason</li></ul>	:			
☐ Requires addition	nal documenta	tion:		
Reviewed by:		Date:		

City Approval by: \_\_\_\_\_ Date: \_\_\_\_