



EXEMPTION REQUEST FOR A BUSINESS OR MULTIFAMILY

Information on this report will not be disclosed except as required under the law

YOUR REQUEST PERTAINS TO:	
AB341(Recycling): _____.	AB1826(Organics): _____.
Both: _____	
IS THIS A BUSINESS OR MULTIFAMILY COMPLEX?	
_____ Business	_____ Multifamily Complex
For Multifamily Complexes, please indicate the number of units: _____.	
Street Address (No P.O. Box): _____.	
City: _____	State: _____ Zip: _____.
Mailing Address (if different): _____.	
City: _____	State: _____ Zip: _____.
Contact Name: _____.	Phone Number: _____.
Contact Email: _____.	

PLEASE CHECK ALL THE PHRASES BELOW THAT APPLY TO YOU:

_____ **We use a drop-off/buy-back facility for our** ___ **Recyclables** ___ **Organics**

Please describe the types of materials, the container size for each material, the frequency of pick-up and a name and number of the facility: _____.

_____.

_____.

_____.

_____.

_____ **Our regional distribution center disposes of our** ___ **Recyclables** ___ **Organics**

Please describe the types of materials, the container size for each material, the frequency of pick-up and a contact name and phone number at the center: _____.

_____.

_____.

_____.

_____.

___ **A person or firm that doesn't charge for their service collects our ___ Recyclables ___ Organics.** Please describe the types of materials, the container size for each material, the frequency of pick-up and a contact name and phone number of the collector:

___ **We, and/or our landscaping contractor(s), haul our plant debris for composting.** For self-haul, please attach documentation (such as a receipt from an authorized composting facility). If your landscaping contractor hauls your plant debris, please provide contractor name, contact info and have your contractor sign below acknowledging that he/she takes all plant debris to an authorized composting facility. Please include any additional documentation, such as a formal contract, that would further support plant debris is taken to an authorized compost facility.

___ **We use a shared recycling container for our ___ Recyclables ___ Organics.** Describe the sharing arrangement, types of materials, the container size for each material, the parties involved, and the location of the container:

Challenges Limiting Recycling Efforts

- ___ Inadequate space for storage of recycling containers
- ___ Insufficient height clearance for automated lift vehicle.
- ___ Conflicts with required minimum parking spaces.
- ___ No generation of recyclables or organics.
- ___ Pick up is too infrequent
- ___ Health concerns related to vermin

Explain: _____

I declare that I, the owner or property manager or their designee, have read the foregoing document and that the facts stated herein are true to the best of my knowledge. I understand that by submitting this form, I am subject to an annual site visit from City or County staff to confirm the facts provided above.

Signature

Date

Please email completed forms to:

Zero Waste Marin

info@zerowastemarin.org

or mail to:

Zero Waste Marin, Attn: AB 1826/AB 341 Compliance, 1600 Los Gamos Road, Suite 210
San Rafael, CA 94903