

## EXEMPTION REQUEST FOR A MULTIFAMILY COMPLEX

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

YOUR REQUEST PERTAINS TO:
AB341(Recycling): _____ AB1826(Organics): _____ ✓ _____ Both: _____
Multifamily Complex Name: _____
Number of Units in Multifamily Complex: _____
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 (Please pay special attention to the highlighted section):**

         **We generate**      **Recyclable and/or**      **Organic materials**

Please describe the types of materials, the container size for each material, the frequency of collection:

\_\_\_\_\_.

\_\_\_\_\_.

\_\_\_\_\_.

         **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 drop off and a name and number of the facility:

\_\_\_\_\_.

\_\_\_\_\_.

\_\_\_\_\_.

         **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 haul our plant debris for composting.**

For self-haul, please attach documentation (such as a receipt from an authorized composting facility).

\_\_\_\_\_.

\_\_\_\_\_.

**Our landscaping contractor(s), haul our plant debris for composting.**

If your landscaping contractor hauls your plant debris, please provide contractor name and contact information so that the City or County may verify with them. Please include any additional documentation, such as a formal contract, that would further support plant debris is taken to an authorized compost facility.

Landscaper name: \_\_\_\_\_.

Landscaper phone and/or email: \_\_\_\_\_.

**We have confirmed with our landscaping contractor(s) that they are hauling our plant debris to an authorized composting facility.**

**I understand that the City or County may reach out to our landscaping contractor(s) to verify that they are hauling to an authorized composting facility.**

**We manage our organics onsite through composting.**

Please describe the types and quantity of organic materials composted onsite:

\_\_\_\_\_  
\_\_\_\_\_.

**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 or Organics Efforts**

- |   |   |
|---|---|
| <input type="checkbox"/> Inadequate space for storage of recycling containers     | <input type="checkbox"/> No generation of recyclables or organics |
| <input type="checkbox"/> Insufficient height clearance for automated lift vehicle | <input type="checkbox"/> Pick up is too infrequent                |
| <input type="checkbox"/> Conflicts with required minimum parking spaces           | <input type="checkbox"/> 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](mailto: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