**MARIN COUNTY ALTERNATIVE COMPLIANCE FORM**

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

**BUSINESS OR MULTI-FAMILY NAME:**

AB341 (Recycling): ____.  AB1826 (Organics): ____.  Both: ____.

Street Address (No P.O. Box): ____________________________________________.
City: __________________ State: _____ CA Zip: ________________.
Mailing Address (if different): ____________________________________________.
City: __________________ State: _____ Zip: ________________.
Contact Name: __________________ Phone Number: ____________________.
Contact Email: ________________________________________________________.

**BUSINESS OR MULTI-FAMILY’S CURRENT GENERATION OF SOLID WASTE**

<table>
<thead>
<tr>
<th>TRASH: i.e., 4-cy 1x/week</th>
<th>RECYCLING:</th>
<th>ORGANICS:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**EXEMPTION REQUEST DUE TO CHALLENGES LIMITING RECYCLING OR ORGANICS EFFORTS**

___ Inadequate space for storage of recycling containers
___ Insufficient height clearance for automated lift vehicle
___ Pick up of organics or recycling is too infrequent
___ Health concerns related to vermin
___ Limited-term exemptions for extraordinary and unforeseen events

Explain: ____________________________________________________________.

**COVERED AND COMPLIANT**

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

___ Our regional distribution center handles 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 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: ___ Composting ___ Animal feed.

Please describe the types and quantity:

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:

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