

**Department of
Conservation and
Development**

30 Muir Road
Martinez, CA 94553

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Contra Costa County



John Kopchik
Director

Aruna Bhat
Deputy Director

Jason Crapo
Deputy Director

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Deputy Director

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Business Operations Manager

EXEMPTION REQUEST FORM FOR BUSINESS OR MULTIFAMILY RECYCLING

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

BUSINESS/MULTIFAMILY COMPLEX NAME:
YOUR REQUEST PERTAINS TO:
<input type="checkbox"/> AB341(Recycling) <input type="checkbox"/> AB1826(Organics): <input type="checkbox"/> Both
FOR A: <input type="checkbox"/> BUSINESS or <input type="checkbox"/> MULTIFAMILY COMPLEX with _____ # of units
LOCATION & CONTACT INFORMATION:
Site Address (No P.O. Box): _____.
City: _____ State: <u>CA</u> Zip: _____.
Mailing Address (if different): _____.
City: _____ State: _____ Zip: _____.
Contact Name: _____ Phone Number: _____.
Contact E-mail: _____.

PLEASE CHECK ALL THE PHRASES BELOW THAT APPLY TO YOU:

We use a drop-off/buy-back facility for our **Recyclables** **Organics** **Neither**

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** **Neither**

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 provides free collection for our **Recyclables** **Organics** **Neither**

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 to a permitted chipping & grinding or composting facility.
Attach documentation (such as a facility receipt) proving use of a permitted recovery facility.

Our landscape contractor(s) haul our plant debris for chipping or composting.
Attach a copy of landscape contract, letter from contractor or other documentation to prove that all plant debris removed from the site goes to permitted organics recovery facility.

Landscape Contractor Name: _____.

Contractor Phone #: _____ E-mail: _____.

Contractor must sign below acknowledging that he/she takes all plant debris removed from your site to below named permitted chipping & grinding or composting facilities.

Facility Name(s): _____.

Contractor Signature: _____ Date: _____.

We use a shared recycling container for our **Recyclables** **Organics** **Neither**
Describe the sharing arrangement, types of materials, the container size for each material, the parties involved, and the location of the container:

De Minimis Waiver for organics – minimal or no generation of organics on-site.

Estimated amount of organic waste generated on-site per week: _____ gallons

Types of organic waste generated on-site:

Green Waste Food Waste Food Soiled Paper Others (describe others below)

_____.

Challenges Limiting Recycling Efforts

- Inadequate space for storage of recycling containers
- Insufficient height clearance for automated lift vehicle.
- Conflicts with required minimum parking spaces.
- 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 County staff to confirm the facts provided above.

Signature _____ Date _____.

Please submit completed form to Justin Sullivan via US Mail or E-mail at:
Department of Conservation & Development, 30 Muir Road, Martinez, CA 94553
E-mail: Justin.Sullivan@dcd.cccounty.us | **Phone:** (925) 674-7203