



## Recycling and Organic Waste Collection Waiver Request

City Account #:		
Property is <input type="checkbox"/> Single-Family Home or <input type="checkbox"/> Business	Business Name:	
Street Address:		
Mailing Address (if different):		
City:	State:	Zip Code:
Property Owner/Business Owner Name:		
Email Address:	Phone:	

**The property address listed above is requesting a waiver from recycling and/or organics collection service for the reasons(s) indicated below. Please note: per State law, only businesses may receive de minimis waivers.**

- De Minimis Waiver (businesses only).** A waiver is requested due to this business generating minimal amount of recyclables and/or organic waste. Select the options that apply below.
- This solid waste collection service for this business is 2 cubic yards or more per week and this business generates less than 20 gallons per week of the material type selected below (mark all that apply).
    - Recyclable paper (request to waive paper recycling cart service)
    - Organic waste (request to waive organic waste cart service)
  - This solid waste collection service for this business is less than 2 cubic yards per week and this business generates less than 10 gallons per week of the material type selected below (mark all that apply).
    - Recyclable paper (request to waive paper recycling cart service)
    - Organic waste (request to waive organic waste cart service)

*\*Solid waste collection service includes the total volume of all trash, recycling, and organic waste bins provided by Recology Davis for this property, plus the total volume of all non-containerized cardboard and yard materials collected.*

*\*\*Organic waste includes the following: landscape trimmings, food scraps, paper towels, facial tissues, paper napkins, and other food or beverage-soiled paper products.*

Provide an explanation or description of how it was identified that this property meets the de minimis condition selected above. Attach pictures to support the request. Please note: per State law, only businesses may receive de minimis waivers.

- Existing Alternative Service.** A person or organization provides recycling and/or organics collection service, reducing the weekly organic waste produced to below the de minimis threshold. *This can include, but is not limited to: paper shredding and collection services, landscaping companies that haul away trimmings, and food donation to people or animals.*
- Attached to this waiver request are documents showing that the material collected is not landfilled. *This may include a landscaping contract, statement from the collector, etc.*

Please provide a description of the material, the amount generated each week (in gallons or pounds) and name and contact information of the collector or organization.

Material Type	Estimated Amount per Week (gallons or pounds)	Name, Phone Number and Email Address of Collector

**Physical Space Waiver.** There is insufficient space at the property listed above for the storage and/or service of the required Recology Davis cart(s). A waiver is requested for the following: (mark all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Paper recycling cart | <input type="checkbox"/> Comingle (glass, plastics, and metals) recycling cart |
| <input type="checkbox"/> Organic waste cart   | <input type="checkbox"/> Cardboard recycling                                   |

*Please note: Recology Davis will inspect the site to confirm the lack of available space for recycling and/or organics collection service.*

Describe the reason for the lack of space and attach pictures, blueprints, etc. to support the request.

- I am authorized to sign this form and acknowledge that the City of Davis' recycling and organic waste diversion requirements under Chapter 32 of the City Municipal Code are being met for all waste generated from this property.
- I attest that all information presented herein to be true and accurate and that no recyclable or organic waste materials generated at this property will be landfilled if this waiver is approved.
- I understand that if the circumstances listed on this waiver request change in such a way that this property no longer satisfies the applicable criteria for a waiver under DMC 32.01.020, I will be required to notify the City and the waiver will be rescinded.
- I understand that approved Recycling and Organics Waste Collection Waivers expire five years after the signature date below and upon the property changing ownership, at which time this property will need to submit a new waiver request at that time or Recology Davis will deliver recycling and/or organic waste carts to this property.
- I acknowledge that the City and/or Recology Davis will perform occasional inspections of the site to ensure that waste diversion is still occurring onsite and if a significant amount of recyclables and/or organic waste and/or recyclables if found in the trash, that approved waiver will be cancelled and Recology Davis will deliver recycling and/or organic waste carts to this property.

_____	_____	_____
Name	Title	Date

**This section to be completed by Recology Davis Staff**

- This property meets the Physical Space Waiver requirements for the following services:
- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Split-recycling cart | <input type="checkbox"/> Paper recycling cart | <input type="checkbox"/> Comingle recycling cart |
| <input type="checkbox"/> Organic waste cart   | <input type="checkbox"/> Cardboard recycling  |  |

Notes:

_____	_____	_____
Name	Title	Date

**This section to be completed by Davis City Staff**

- This property meets the requirements and is approved for Physical Space Waiver.
- This property meets the requirements and is approved for De Minimis Waiver for the following carts:
- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Split-recycling cart | <input type="checkbox"/> Paper recycling cart | <input type="checkbox"/> Comingle recycling cart |
| <input type="checkbox"/> Organic waste cart   | <input type="checkbox"/> Cardboard recycling  |  |

Notes:

_____	_____	_____
Name	Title	Date