

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		
TRASH: <i>i.e., 4-cy 1x/week</i>	RECYCLING:	ORGANICS:

EXEMPTION REQUEST DUE TO CHALLENGES LIMITING RECYCLING OR ORGANICS EFFORTS
<input type="checkbox"/> Inadequate space for storage of recycling containers <input type="checkbox"/> Less than 20 gallons of organic waste per week is generated. <input type="checkbox"/> Insufficient height clearance for automated lift vehicle <input type="checkbox"/> Pick up of organics or recycling is too infrequent <input type="checkbox"/> Health concerns related to vermin <input type="checkbox"/> Limited-term exemptions for extraordinary and unforeseen events Explain: _____

COVERED AND COMPLIANT
<i>PLEASE CHECK ALL THE PHRASES BELOW THAT APPLY TO YOU:</i>
<input type="checkbox"/> We use a drop-off/buy-back facility for our <input type="checkbox"/> Recyclables <input type="checkbox"/> 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: _____ _____
<input type="checkbox"/> Our regional distribution center handles our <input type="checkbox"/> Recyclables <input type="checkbox"/> 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.
Landscape name: _____
Landscape 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:
Andrew Shelton
ashelton@marincounty.org
or mail to:
1600 Los Gamos Road, Suite 210 San Rafael, CA 94903 ATTN Andrew Shelton