



REQUIRED COMPLIANCE CHECKLIST

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

Business owner, property manager, or designee, please identify if you have Standard or Alternative Compliance or if you are Exempt from MORE Law AB 1826. Initial all that apply and attach the documentation in parentheses. Explain Alternative Compliance and Exemption Request on page two.

Business Name: _____	<input type="checkbox"/> Commercial Business	<input type="checkbox"/> Multi-Family Residential Dwelling
Service Address (No P.O. Box): _____		
City: _____	State: _____	Zip: _____
Mailing Address (if different): _____		
City: _____	State: _____	Zip: _____
Contact Name: _____	Phone Number: _____	
Contact Email: _____		

STANDARD COMPLIANCE

_____ We became compliant with MORE Law, AB 1826 on _____ (Date) because we enrolled in organic composting service with Marin Sanitary Service (MSS).
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ALTERNATIVE COMPLIANCE*

_____ We do not have organic composting service with MSS, but became compliant with MORE Law, AB 1826 on _____ (Date) because
_____ We compost our organic waste on site. (pictures and weekly metrics)
_____ We use a shared organics collection container for our organic waste. (pictures and weekly metrics)
Service account address: _____
_____ We haul our organic waste to a regional distribution center so it is diverted from the landfill. (receipts)
Center contact information: _____
_____ We self-haul our organic waste and plant debris to a drop-off or buy-back facility. (receipts)
Facility contact information: _____
_____ Our landscaping contractor(s) haul our plant debris to an authorized composting facility. (receipts)
Landscaping contractor(s) contact information: _____
Facility contact information: _____
_____ A person or firm that does not charge collects our organic waste. (documentation or weekly metrics)
Person/firm contact information: _____



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EXEMPTION REQUEST*

- ___ We believe we may be **exempt** from complying with MORE Law, AB 1826, and we are **seeking exemption** from the law due to one or more of the following reasons.
- ___ We generate less than 2 cubic yards of solid waste (organics/compost + recycling + landfill volume) per week (MSS documentation)
 - ___ We generate less than ½ cubic yards organic waste materials per week (MSS documentation)
 - ___ Inadequate space for storage of organic waste containers (pictures and measurements)
 - ___ Pick up of organic waste is too infrequent (MSS documentation)
 - ___ Limited-term exemptions for extraordinary and unforeseen events (documentation)
 - ___ Other. (You will be required to provide corresponding evidence for your Other Exemption Request). Explain below.

EXPLAIN

**NOTE: Alternative Compliance and Exemption Requests require on-site verification by the City or Marin Sanitary Service. Schedule your initial site visit by calling (415) 456-2601.*

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 the City or Marin Sanitary Service staff to confirm the facts provided above.

Name

Title

Signature

Date

Please email completed forms to:

sustainability@cityofsanrafael.org

or mail to:

Sustainability Program, City of San Rafael, 1400 Fifth Ave, San Rafael, CA 94901