

## ORGANIC WASTE RECYCLING WAIVER APPLICATION

*Please submit completed form to Republic Services at [SanFernando@RepublicServices.com](mailto:SanFernando@RepublicServices.com)*

### APPLICANT INFORMATION

LAST NAME		FIRST NAME	
BUSINESS NAME <i>If applicable</i>			
STREET ADDRESS		CITY	STATE & ZIP CODE
PHONE NO	BUSINESS PHONE NO	EMAIL ADDRESS	

### WAIVER INFORMATION *Please check the box for the waiver in which you are applying*

**DE MINIMIS WAIVER**  
 Eligible commercial/business customers must demonstrate the business generates below a certain amount of organic waste material pursuant to S.F.M.C. (Chapter 70). The City's franchise waste hauler or City staff will conduct an inspection for verification.

- Total solid waste collection is two cubic yards or more per week and organic waste comprises less than 20 gallons per week per applicable container of the commercial/business' total waste;
- OR
- Total solid waste collection is less than two cubic yards per week and organic waste comprises less than 10 gallons per week per applicable container of the commercial/business' total waste.

**PHYSICAL SPACE WAIVER**  
 Eligible commercial/business customers and multi-family residential properties must demonstrate their property lacks the physical space to accommodate a three-container collection system. The City's franchise waste hauler or City staff will conduct an inspection for verification.

### ACKNOWLEDGEMENT *I hereby understand that all waiver applications are subject to verification and are approved on a case-by-case basis. Submission of an application for waiver does not imply the waiver will be granted.*

*If a De Minimis or Physical Space Waiver is approved, the waiver is valid for five years from the approval date. After five years, verification is required to demonstrate the applicant is still eligible for the waiver. The City reserves the right to revoke any of the above waivers at any time if the generator is found to be in violation of any section of SFMC Chapter 70.*

APPLICANT SIGNATURE	DATE
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### FOR OFFICE USE ONLY

INSPECTED BY			
NAME (PRINT)	TITLE	SIGNATURE	DATE

WAIVER STATUS			
<input type="checkbox"/> <b>WAIVER APPROVED</b>		<input type="checkbox"/> <b>WAIVER DENIED</b>	
CITY STAFF NAME (PRINT)	TITLE	SIGNATURE	DATE

### NOTES *Enter any information regarding approval or denial of waiver application. Attach any supporting documentation or photographs to support final determination.*