



SB 1383 COMPLIANCE & WAIVER REQUEST FORM

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

Business Name: _____

Commercial Business 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: _____

COMPLIANCE APPROVAL REQUEST*

We do not have organic composting service with Marin Sanitary Service, but became compliant with SLCP Law, SB 1383 on _____ (Date) because:

We compost our organic waste on site.

We use a shared organics collection container for our organic waste.

Service account address: _____

We haul our organic waste to a regional distribution center so it is diverted from the landfill. (Must retain records**) Center contact information: _____

We self-haul our organic waste and plant debris to a solid waste facility. (Must retain records**) Facility contact information: _____

Our landscaping contractor(s) hauls our plant debris to an authorized composting facility. (Must retain records**) Landscaping contractor(s) contact information: _____

Facility contact information: _____

**Records must include:

- Copy of facility receipt or weigh tag.
- Amount of material in tons or yards.
- Facility's name.
- Date.

RECORDS SUBJECT TO INSPECTION BY AGENCY.



EXEMPTION REQUEST*

We believe we may be **exempt** from complying with SLCP Law, SB 1383, and we are **seeking exemption** from the law due to one or more of the following reasons:

De Minimis Waiver A Requirements: We generate more than 2 cubic yards of solid waste (organics/compost + recycling + landfill volume) per week (MSS documentation) and **less than 20 gallons of organic waste** (subject to collection in a blue or a green container) per week: approximately 2 tall kitchen bags.

De Minimis Waiver B Requirements: We generate less than 2 cubic yards of solid waste (organics/ compost + recycling + landfill volume) per week (MSS documentation) and **less than 10 gallons of organic waste** (subject to collection in a blue or a green container) per week: approximately 1 tall kitchen bag.

Physical Space: Inadequate space for storage of organic waste containers. Explain below.

EXPLANATION

**NOTE: SB 1383 Compliance and Waiver Requests require on-site verification by Agency 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 a site visit from the Agency or Marin Sanitary Service staff to confirm the facts provided above along with a site visit and reevaluation at least every 5 years.

_____	_____	_____	_____
Name	Title	Signature	Date

Please email completed forms to:
commercialrecycling@marinsanitary.com

or mail to:
Marin Sanitary Service, Outreach, 1050 Andersen Drive, San Rafael, CA 94901



FOR OFFICE USE ONLY

Jurisdiction _____