



### 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:

- # \_\_\_\_\_
- 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 revaluation at least every 5 years.

\_\_\_\_\_ Name \_\_\_\_\_ Title \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please email completed forms to:**  
[commercialrecycling@marinsanitary.com](mailto:commercialrecycling@marinsanitary.com)

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



### FOR OFFICE USE ONLY

Jurisdiction \_\_\_\_\_