



## AB 1826 Mandatory Commercial Organics Recycling Program Exemption and Self-Haul/Backhaul Form

State law (AB 1826) requires certain businesses and multi-family properties to subscribe to organics recycling services. *Organic material is defined as food waste, green waste, landscape and pruning waste, nonhazardous wood waste, paper products, and food-soiled paper waste.*

This form is required by any business or multi-family property that generates 2 or more cubic yards of solid waste per week (recycling, garbage and organics combined) that chooses to apply for an exemption from organics recycling services or that self-hauls/backhauls organic waste to an organics recycling facility/processing facility.

<b>Section 1 – Business or Multi-Family Property Information</b>	
Facility Type: <input type="checkbox"/> Business <input type="checkbox"/> Multi-Family Property	
Facility Name:	
Facility Address:	
Mailing Address:	
Type of Business:	Contact Name:
Contact Phone Number:	Contact Email:

<b>Section 2 – Alternative Compliance Program (Mark all that apply and provide information as necessary)</b> <i>*Please skip to Sections 4 and 5 if you think your business or multifamily property may be exempt*</i>
<input type="checkbox"/> Our facility <b>self-hauls</b> organic materials by one of our employees to a drop-off or buyback center or other type of recovery facility. Please provide receipts of recent transactions with this form to verify this arrangement. <i>*Please complete Section 3 if you are self-hauling.</i>
<input type="checkbox"/> Our facility <b>backhauls</b> organic materials in a company vehicle to a centralized location for on-site processing or shipping to another facility. Please provide weight tickets, invoices or other documentation with this form to verify this arrangement. <i>*Please complete Section 3 if you are backhauling.</i>
<input type="checkbox"/> Our facility uses a <b>contracted third-party recycler</b> to collect organic materials. Please provide a copy of the current contract or recent invoice from each third-party recycler with this form to verify service.
<input type="checkbox"/> Our facility donates edible food as a part of a food recovery program. Please provide facility name and phone number to which you donate edible food:
<input type="checkbox"/> Other – Please explain and provide appropriate documentation.

**Section 3 – Self-Hauling or Backhauling Organic Waste**

**Our facility self-hauls or backhauls organic materials. Please fill out all that apply: (Please skip this section if none apply)**

Please list the type of organic recyclable materials and estimated quarterly amount being self-hauled or backhauled, if applicable:

Please list the type of organic recyclable materials and quarterly amount being self-hauled or backhauled, if applicable:

Please list the name and address of each organics recycling facility and identify which organics recycling facility that the organic recyclable materials are being transported to:

**Section 4 – Exemption**

**Our facility is exempt from organic materials recycling requirements for the following reason(s):**

There is not adequate storage space on our property for automatic lift containers, rolling carts, bins or roll-off bins for the collection of designated organic materials, and it is infeasible to share containers, carts or bins with an adjoining property. **Please include a photo of your space for verification.**

Our facility generates more than 2 cubic yards per week of solid waste (recycling, garbage and organics combined), but less than one-half of a cubic yard is organics.

Organics collection at our facility would result in a zoning code violation due to loss of parking space(s).

**Section 5 – Landscape Maintenance Service is Used at the Property**

Frequency  Weekly  Bi-Weekly  Seasonally

Name of Landscaper:

Contact Name:

Contact Number:

Please further describe or list any other reason(s) as to why your business or multifamily property may be exempt from the organic material recycling services:

*I certify (or declare) under penalty or perjury under the laws of the State of California that the information provided on this form is true and correct. I agree to comply and I understand and agree that I have a continuing obligation to advise the City of Turlock if there is a change in circumstances which apply to this form. I am the owner, chief executive, or a manager of the business/multi-family property, and I am sufficiently knowledgeable as to the nature, scope, and operations of the business to make this declaration.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please email all completed forms and documents to [municipalservices@turlock.ca.us](mailto:municipalservices@turlock.ca.us)**

For City Use Only Received By:

Date Received:

Application Complete:

Approved By: