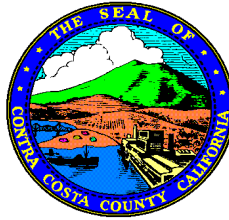


**Department of  
Conservation and  
Development**

30 Muir Road  
Martinez, CA 94553

Phone:1-855-323-2626

**Contra Costa County**



**John Kopchik**  
Director

**Aruna Bhat**  
Deputy Director

**Jason Crapo**  
Deputy Director

**Maureen Toms**  
Deputy Director

**EXEMPTION REQUEST FORM FOR BUSINESS OR MULTIFAMILY RECYCLING**

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

<b>YOUR REQUEST PERTAINS TO:</b>	
AB341(Recycling): _____.	AB1826(Organics): _____.
Both: _____	
<b>IS THIS A BUSINESS OR MULTIFAMILY COMPLEX?</b>	
_____ Business	_____ Multifamily Complex
For Multifamily Complexes, please indicate the number of units: _____.	
Street Address (No P.O. Box): _____.	
City: _____	State: _____ Zip: _____.
Mailing Address (if different): _____.	
City: _____	State: _____ Zip: _____.
Contact Name: _____.	Phone Number: _____.
Contact Email: _____.	

**PLEASE CHECK ALL THE PHRASES BELOW THAT APPLY TO YOU:**

         **We use a drop-off/buy-back facility for our**     .Recyclables     .Organics

Please describe the types of materials, the container size for each material, the frequency of pick-up and a name and number of the facility: \_\_\_\_\_.

\_\_\_\_\_.

\_\_\_\_\_.

\_\_\_\_\_.

\_\_\_\_\_.

         **Our regional distribution center disposes of our**     .Recyclables     .Organics

Please describe the types of materials, the container size for each material, the frequency of pick-up and a contact name and phone number at the center:

\_\_\_\_\_.

\_\_\_\_\_.

\_\_\_\_\_.

\_\_\_\_\_.

\_\_\_\_\_A person or firm that doesn't charge for their service collects our \_\_\_\_\_.**Recyclables**  
\_\_\_\_\_ **Organics**

Please describe the types of materials, the container size for each material, the frequency of pick-up and a contact name and phone number of the collector:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_We use a shared recycling container for our \_\_\_\_\_.**Recyclables** \_\_\_\_\_.**Organics**.

Describe the sharing arrangement, types of materials, the container size for each material, the parties involved, and the location of the container:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Challenges Limiting Recycling Efforts**

- \_\_\_\_\_ Inadequate space for storage of recycling containers
- \_\_\_\_\_ Insufficient height clearance for automated lift vehicle.
- \_\_\_\_\_ Conflicts with required minimum parking spaces.
- \_\_\_\_\_ No generation of recyclables.
- \_\_\_\_\_ Pick up is too infrequent
- \_\_\_\_\_ Health concerns related to vermin

Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 County staff to confirm the facts provided above.

Signature

Date

**Please send completed forms to:**  
Department of Conservation & Development  
Attention: Justin Sullivan  
30 Muir Road  
Martinez, Ca 94553  
Phone (925) 674-7203