CITRUS HEIGHTS
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ORGANICS RECYCLING EXEMPTION APPLICATION

6360 Fountain Square Drive, Citrus Heights, California 95621 (916) 727-4770 TDD 7-1-1
www.citrusheights.net

California state law provides exemptions for commercial solid waste generators who meet the State's recycling standards. Please see www.citrusheights.net/887/Organics-Recycing for more information.

If you would like to request an exemption, please complete this form and submit:
By email to: generalservices@citrusheights.net
Or by mail to: City of Citrus Heights, Attn: Organics Recycling, 6360 Fountain Square Dr, Citrus Heights, CA 95621

All exemptions are limited to a maximum of 2 years.
Applications for additional exemptions must be resubmitted prior to expiration date.

1. Fill in the following information for you or your company:

Company:	Contact:	Phone:
Service Address:	City:	State: Zip:
Business Type:	Number of Employees / Tenants:	Email:

2. Identify the type of material that you are claiming exemption from subscription to service:

- ☐ Food Waste – food waste and food-soiled paper waste that is mixed in with food waste
- ☐ Green Waste – green waste, landscape and pruning waste, non-hazardous food waste

3. Identify the reason you are claiming exempt status*

**Note that all claims are subject to verification by the city through site visits or other means*

- ☐ Does not generate at least one-half a cubic yard (90 gallons) of organic waste per week.
- ☐ Lack of sufficient space to provide additional organic material recycling bins, and infeasible to share
- ☐ Currently implementing recycling of a significant portion of organic waste generated at the business.
- ☐ Self-haul organic materials to (name of organics recycling facility): _____
- ☐ Limited term exemption for extraordinary and unforeseen events. Explanation: _____

4. Garbage service providers:

☐ Advance Disposal ☐ Atlas Disposal Industries ☐ Greenwaste of Sacramento ☐ Republic Services
☐ Elk Grove Waste Management ☐ Waste Management of Sacramento ☐ Waste Removal & Recycling

By signing below, I agree to comply with the requirements of AB1826 if participation becomes possible and/or required in the future. I certify that the reasons for my exemption request as claimed above are complete and accurate.

X _____ _____
Signature Date

_____ _____
Name (please print) Title (please print)

Phone:_____ Email:_____

City Use Only

Exemption Request is: *Approved* *Denied* *By:*_____ *Date:*_____

Reason for Denial: _____