



**Assembly Bill (AB) 1826
Mandatory Commercial Organics Recycling
Exemption Request Form**

Business Name: _____
Business Site Address: _____
Business Type: _____
Mailing Address (if different): _____
Contact Name: _____
Phone: _____ Email: _____

Assembly Bill (AB) 1826 requires businesses and multi-family residential complexes with five (5) units or more that generate two (2) cubic yards or more of total solid waste per week to arrange for organic waste recycling services; however, the law allows for case-by-case exemptions if businesses and multi-family residential complexes meet any of the criteria below. If you believe your business or multi-family residential complex qualifies for an exemption, please submit this form promptly and indicate the reason for your exemption clearly.

Note that all claims are subject to verification by County through site visits or other means. Check and complete all that apply:

The business is currently implementing actions that result in the recycling of a significant portion of its organic waste.

Please describe _____

The amount of organic waste generated per week is less than one-half (0.5) a cubic yard (0.5 cubic yard equals approximately one 96-gallon cart).

Provide an explanation or description of the solid waste generated by the business.

There is lack of sufficient space for storage of containers for organic waste.

Describe the reason for lack of space. A photograph of the trash enclosure/area must be attached to support exemption.



There was an extraordinary and unforeseen event that prevents me from recycling organics.

Please describe _____

Please sign below certifying this information is true and correct.

Signature Title Date

You may return via U.S. mail, email, or fax:

Email: fisettea@mendocinocounty.org

Fax: (707) 463-5474

Mail: Mendocino County Solid Waste Division, 340 Lake Mendocino Dr., Ukiah, CA 95482

For County Use Only:

Date Received: _____ Received by: _____

Approved Denied – Reason: _____

Requires additional documentation or site visit:

County Signature: _____ Date: _____