

Senate Bill (SB) 1383 Organic Waste Recycling Alternative Compliance Certification Form



□ Onsite and/or Community	Composting Certificat	ltion	
Please complete this section it	you plan to manage yo	our organic waste through	onsite or community

omposting.	
Please provide a description of the composting location a	and method:
Shared Service Request	
lease complete this section if you plan to manage your orga	nic waste through shared service.
	a fallowing adiabant property owners
I plan to share organic waste collection carts with the business (include name and address)	
business (include name and address:	
Please explain how the cart(s) will be shared, included placed to allow both properties to have full access:	-
Please provide any additional description:	
Signature of Adjacent Property or Business Owner	Date
Printed Name	



☐ Landscaper Hauls to Approved Proces	ssing Facility			
The only organic waste generated by my business is landscape and pruning waste from gardening or landscaping services and is hauled by the landscaping service to a solid waste facility, operation				
Name of Landscaper:				
Destination Facility:				
Estimated Weekly Cubic Yards:				
I acknowledge that all claims are subject to through site visits or other means and may	verification and approval by County or County's designee be reverified at any time.			
I certify the information included on this correct.	Alternative Compliance Certification Form is true and			
Correct.				
Signature	Date			
For County Use Only:				
Date Received:	Received by:			
☐ Approved ☐ Denied – Reason:				
☐ Requires additional documentation or s				
County Signature:	Nate·			