



CITY OF
ARCADIA

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Public Works Services Department

11800 Goldring Road P.O. Box 60021 ■ Arcadia ■ CA ■ 91066-6021

Phone: (626) 254-2720 ■ Fax: (626) 359-7028

www.ArcadiaCA.gov

Waste Hauler

☐ Republic Services

☐ Waste Management

☐ Valley Vista

Other: _____

SB 1383 Waiver Request Form

Business Information

Business Name: _____ Business License No.: _____

Business Type (description): _____

Address: _____ Phone: _____

Primary Contact: _____ Email: _____

Number of Employees: _____ Does the business have a cafeteria serving meals? ☐ Yes / ☐ No

Property Management Company: _____ Phone: _____

Property Contact Person: _____ Email: _____

Landscaper Service Provider: _____

Landscaper Contact Name: _____ Phone: _____

Waiver Type

☐ **De Minimis Waiver** A waiver is requested due to this business generating the minimal amount of recyclables and/or organic waste allowed. Select one option below.

☐ Waste Generation of Two Cubic Yards or more, and Organic Generation of Less than 20-gallons.

☐ Waste Generation of Two Cubic Yards or less, and Organic Generation of Less than 10-gallons.

☐ **Lack of Adequate Space** There is not adequate space for separate organic containers. A hauler, or licensed architect or engineer has determined that there is not adequate space for separate organic waste containers.

Approved waivers are valid for up to five years. Waivers are only applicable to the business address above. Should your business relocate, the approved waiver will no longer be valid. At any time, should the City deem that there is enough organic waste generated by the business to implement an organics recycling program, the approved waiver may be voided. I acknowledge this information as true and do hereby demonstrate my understanding and agreement to abide by the SB 1383 waiver guidelines.

Name: _____ Signature: _____ Date: _____

For Official Use Only

Weekly Level of Service: _____ Estimated Gallons of Organics Per Week: _____

Site Visit Conducted By: _____ Signature: _____ Date: _____

☐ Approved/ ☐ Denied – Reason: _____

Additional Information: _____

Reviewed By: _____ Signature: _____ Date: _____