

**Santa Barbara County Mandatory Commercial Recycling Program  
Request for Waiver/Exemption**

Business Name: \_\_\_\_\_

Site Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Our business does not generate recyclables.**

Please describe the kinds of materials that are disposed of in your trash:

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

**We haul the recyclables to a drop-off/buy-back facility.**

Please describe the type and amount of recyclables, the frequency of delivery, and the name, address and phone number of the drop-off/buy-back facility:

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

**The recyclables are collected by a person or firm that does not charge for the service.**

Please list the type and amount of recyclables, collection frequency, and the name, address and phone number of the collector:

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

**The recyclables are disposed of in a shared recycling container.**

Please describe the sharing arrangement and the location of the container:

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**Complying with the requirements of the mandatory Commercial Recycling Program is infeasible or would result in "undue or unreasonable hardship."**

Please explain:

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**No commercial activity is conducted at site address. Location only serves as a residence.**

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I, the undersigned, do hereby certify under penalty of perjury that the information that I have provided is true and accurate to the best of my knowledge.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please send the completed form to Sam Dickinson via e-mail ([sdickinson@cosbpw.net](mailto:sdickinson@cosbpw.net)) or postal mail (Santa Barbara County Public Works Department, 130 E. Victoria Street, Suite 100, Santa Barbara, CA 93101).

