



APPLICATION

Revocation of Convenience Zone Exemption

E-mail to: CZExemptions@CalRecycle.ca.gov

Mail to: CalRecycle • Convenience Zone Unit • 1001 I St, MS 10-C • Sacramento, CA 95814

1. Applicant Information

Applicant Name _____ Company/Organization _____

Contact Person _____ E-mail Address _____ Phone _____

Mailing Address _____ City _____ State _____ Zip _____

2. Exempted Zone(s) Proposed to be Revoked

Name of Supermarket _____ Address _____ City _____

1. _____

2. _____

3. _____

Attach additional sheet if necessary

3. Justification for Revocation

Attach additional sheet if necessary

4. Signature of Applicant

The applicant declares that all the information submitted for the Division's consideration is true and accurate to the best knowledge and belief of the undersigned.

Applicant's Signature _____ Title _____
(If Applicable)

Date _____