

County of Santa Clara

Consumer and Environmental Protection Agency
Integrated Waste Management Services
1553 Berger Drive, Bldg. 1, 2nd Floor
San Jose, CA 95112-2716
(408) 282-3180 FAX (408) 280-6479
www.ReduceWaste.org



Application for Collection Frequency Waiver for Commercial Recyclables and Gray Container Waste

Commercial businesses in the unincorporated county that subscribe to a three-container collection service (green, blue, and gray) may apply for a waiver from required weekly collection of the blue and/or gray container if they generate limited gray container and/or blue container waste. Approval of the waiver allows for the collection of the blue container, gray container, or both, once every 14 days, rather than once per week.

Eligibility Requirements

- Receives three-container (green, blue, and gray) waste collection service; and,
- Demonstration that commercial business can maintain safe and sanitary conditions without weekly gray-container and/or blue-container collection.

Recordkeeping and Reporting Requirements

- Provide written verification of continued eligibility every three years from approval of waiver.
- Immediately notify the Director if your business no longer meets the waiver requirements, in which case the waiver will be rescinded.

Application Instructions

- Complete all required sections of this application form.
- Submission of this form can be completed in the following ways:
 - Submit this waiver application online by clicking on the “Submit” button at the end of the form.
 - To request a paper copy of this application form, email SCCreduce.Waste@cep.sccgov.org or call (408) 282-3180.
 - Applications may be mailed to: Integrated Waste Management Services
1553 Berger Drive, Bldg. 1, 2nd Floor, San José, CA 95112
 - County staff will review your application and respond within 30 days of receipt.

Applicant

Name of Business _____

Type of Business _____

Collection Service Address _____

City/Town _____ ZIP/Postal Code _____

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Weekly Waste Collection

Describe the weekly waste collection services you are currently subscribed to by completing the table below. Please select "N/A" if you are not subscribed to a particular service.

Container Type	Container Size	Quantity (# of containers)	Frequency (# of pickups per week)
Garbage (Gray)	Cart _____ gal; or Bin _____ cu yd		
Recyclables (Blue)	Cart _____ gal; or Bin _____ cu yd		
Organics (Green)	Cart _____ gal; or Bin _____ cu yd		

Which services are you requesting to receive every two weeks, rather than weekly?

- blue-container collection
- gray-container collection
- both

**How will your business maintain safe and sanitary conditions without weekly gray-container collection?
Use N/A if you are not requesting bi-weekly garbage collection**

**How will your business maintain safe and sanitary conditions without weekly blue-container collection?
Use N/A if you are not requesting bi-weekly recycling collection**

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I declare under penalty of perjury that all information on this application is true and correct.

Signature _____ Date _____

First Name _____ Last Name _____

Title _____ Phone _____ Email _____

For Office use only

Application approved by:

Signature _____ Date _____

First Name _____ Last Name _____

Title _____