



City of Carson

(310)847-3500
ci.carson.ca.us

Mail or Deliver Completed Form to:
City of Carson
18620 S. Broadway St.
Carson, CA 90248
Attn: Sanitation

Applicant Information

Business or Multi-family Property Physical Address:

Business or Multi-Family Property Name:

Business or Multi-Family # of Units:

Business Office Mailing Address:

Carson CA
City: State: Zip Code:

Property Owner

Property Owner, Manager or Lease Holder:

Phone Number:

Email Address:

Owner Address:

City: State: Zip Code:

Contact Information

Provide the designated business representative where waiver approval or rejection notice is to be delivered.

Name/Title	Phone Number	Email
------------	--------------	-------

Waiver Types

Check the appropriate box(es) and provide answers to ALL questions for the requested waiver type(s).

De Minimis Waiver

1. Does your business exceed two cubic yards of total solid waste per week? Yes No

2. How much Organic Waste is generated per week by your business? _____

Physical Space Waiver

1. Have you ever worked with the City's waste collection service provider to adjust container sizes to resolve space constraint issues? (i.e. requested smaller bin sizes for recycling and trash, or other solutions, etc. to resolve space constraints) Yes No

2. Do you have documentation from the City's waste collection service provider or a licensed engineer/architect showing that space constraints preclude placement of required recycling and/or organic waste recycling containers? (This must be provided in order to receive an approval for this waiver) Yes No

3. Specific program(s) you are requesting waiver for?

Recycling Only Organic Waste Recycling Only Recycling AND Organic Waste