

**City of McFarland Mandatory Commercial Organics Recycling Program  
Request for Waiver/Exemption**

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

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

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

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

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

**Our business does not generate organic waste.**

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

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**We haul organic waste to a drop-off/third party compost facility**

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

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

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

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**The organic waste is disposed of in a shared organic 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 Organics 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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Please send the completed form to Adam Cabrera, Assistant Public Works Director, e-mail: [acabrera@mcfarlandcity.org](mailto:acabrera@mcfarlandcity.org), or mail/hand deliver to: 401 W Kern Ave., McFarland CA 93250

By signing this form, you are attesting that you have a full understanding of your business' obligations to provide information, report to, and otherwise fully cooperate with the City's Mandatory Commercial Organics Recycling Ordinance. Submitting this form does NOT assure your exemption from participation of this program. If this waiver is granted it is valid for a period of 5 years unless organic materials are found in your trash. At this time, the city may revisit the status of this application and require additional information at that time.

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Printed Name, Title and Signature of Authorized Business Representative

Date