



**REQUEST FOR EXEMPTION FROM
RESIDENTIAL REFUSE COLLECTION SERVICE**

I, _____ am the
(PRINT FIRST NAME) (MI) (PRINT LAST NAME)

occupant of the residential property located at _____
(PRINT STREET ADDRESS and ZIP)

in the city (or unincorporated area) of _____. I am authorized to, and am hereby requesting, an "Exemption from Weekly Refuse Collection Service" from Oro Loma Sanitary District, for the reason listed below (check one):

- 1. _____ There is no refuse produced or accumulated in, upon, or from the property listed above.
- 2. _____ All refuse produced or accumulated in, upon, or from the property is properly and safely disposed of:

By agreement with a person subscribing to Oro Loma's refuse collection service. The name, address and phone number of the person with whom I share refuse collection service is:

Name: _____

Address: _____

Phone #: _____

Is self-hauled by me, on a timely basis so as not to pose a threat to public health and/or safety, to:

- My place of business where refuse is collected by a solid waste contractor.
- An authorized disposal facility, and proof of safe and legal disposal can be provided if requested.

By signing this "Request for Exemption from Residential Refuse Collection Service," I certify that the above statement is true and correct. I understand that this exemption does not pertain to the District's recycling and green waste program or charges. I also understand that this exemption cannot be transferred, and, that approval may be revoked at any time upon a determination by the District that the factual basis for such exemption no longer exists.

Signature

Date

Phone

IF THIS FORM IS BEING FILLED OUT BY A TENANT RESIDING AT THE REFERENCED ADDRESS, IT MUST BE ACCOMPANIED BY A LETTER FROM THE PROPERTY OWNER ACKNOWLEDGING AND AGREEING TO THE ABOVE.

Return to: Oro Loma Sanitary District, 2655 Grant Avenue, San Lorenzo, CA 94580

Oro Loma Sanitary District Office Use Only

Approved by: _____

Date: _____

WMAC Contact: _____

Date: _____