



City of  
**Mountain View**

**PUBLIC WORKS DEPARTMENT**

**SOLID WASTE SECTION**

231 North Whisman Road, P.O. Box 7540

Mountain View, CA 94039-7540

650-903-6311 | [MountainView.gov](http://MountainView.gov)

### **COMPOST AND/OR RECYCLING SERVICE WAIVER FORM**

State laws (AB 1826, SB 1383, AB 341) and the Mountain View Municipal Code require most commercial businesses to subscribe to compost (organics) and recycling collection services. Businesses may apply for a limited-term waiver with evidence that minimal organic material is generated or physical constraints do not provide adequate space for the required collection containers. For more information about the requirements and waiver eligibility criteria, visit [MountainView.gov/ZeroWasteBusiness](http://MountainView.gov/ZeroWasteBusiness).

#### **Trash Account Holder Information**

Recology Account Number: \_\_\_\_\_ Recology Account Name: \_\_\_\_\_

Recology Account Address (*physical location in Mountain View*): \_\_\_\_\_

Mailing Address (*if different*): \_\_\_\_\_

Name/Title of Person Completing Form: \_\_\_\_\_

Contact Phone/Email: \_\_\_\_\_

Please briefly describe your business operations at this location:

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**Select Waiver Type** (*If you believe you qualify for both waiver types, complete all appropriate sections*):

**De Minimis Waiver** (available for compost collection only).

- Total solid waste collection is two cubic yards or **more** per week, and the amount of organics generated is less than 20 gallons per week; or
- Total solid waste collection is **less** than two cubic yards per week, and the amount of organics generated is less than 10 gallons per week.

**Physical Space Waiver**. Premises lacks adequate space for the required collection containers.

Select the collection service(s) you are requesting a waiver for:  Compost (organics)  Recycling

If you are requesting a Physical Space Waiver, please describe space constraints experienced and attach additional evidence (photos, architectural drawings, etc.):

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**Please Provide the Following Information About Your Business**

Average number of employees at site each day: \_\_\_\_\_

Is there a food facility on site where food is stored, prepared, packaged, served, sold, or otherwise provided for human consumption?  Yes  No

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

Does the site produce landscaping debris?  Yes  No

If yes, please indicate whether you self-haul the landscaping debris or use a landscaping contractor and which composting facility the material is taken to. Provide contact information for landscaping contractor, if applicable: \_\_\_\_\_

\_\_\_\_\_

Attach additional pages or documents as necessary to supplement information on this form.

**Acknowledgement and Signature**

I declare that I am authorized to represent the property owner or lease holder and that the facts stated herein are true to the best of my knowledge. I understand that submitting this form does not guarantee that a waiver will be granted and that information will be confirmed independently by the City of Mountain View and/or the City's contracted hauler.

I agree to notify the City if circumstances change that may affect the business's eligibility for a waiver, including if the commercial business's organic waste exceeds the threshold allowed for a waiver or if physical space configurations change, in which case the waiver may be rescinded.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please Note: Approved waivers are only valid for a maximum of five (5) years from the date of City approval. The business must provide written verification to the City that they are still eligible every five (5) years to remain exempt from collection service requirements. Renewal may require an inspection and additional verification.

Send completed forms to [Recycle@MountainView.gov](mailto:Recycle@MountainView.gov) or mail to:

Public Works Department, Solid Waste Section  
P.O. Box 7540, Mountain View, CA 94039-7540

<b>OFFICE USE ONLY</b>	
Date Received: _____	Reviewed By: _____
Select one: <input type="checkbox"/> The business meets the waiver criteria and is approved.	
<input type="checkbox"/> The waiver is denied for reasons stated below.	
Signature: _____	Date: _____
Explanation of Denial: _____	
_____	