City of Concord |Exemption Form

The City of Concord requires commercial solid waste generators to submit this form if they are required to comply with state laws AB 1826 and meet the following exemption criteria as given below. You will be contacted by the City following the review of this exemption form regarding the status of your application.

To submit, email this form to the City of Concord, Attn: Solid Waste Programs (Public.Works@cityofconcord.org), or mail it to 1455 Gasoline Alley, Concord, CA 94520.

1. Fill in the following information for you or your company.

COMPANY:		SERVICE ADDRESS:
CITY:	STATE:	ZIP CODE:
BUSINESS TYPE:	NUMBER OF EMPLOYEES/TENANTS:	
CONCORD BUSINESS LICENSE # (optional):		

2. Identify the type of material that you are claiming exemption from subscription to service:

☐ Organic waste (food scraps and trimmings from food preparation, acceptable food packaging items, and plant debris)

3. Identify the reason you are claiming for your exempt status (provide documentation to support your claim; note that all claims are subject to verification by City through site visits or other means):

☐ Insufficient space in multifamily complexes or businesses to provide organic material recycling containers, and infeasible to share.

☐ Existing actions that result in the recycling of a significant portion of organic waste (consider submitting AB 1826 Self-Haul Form instead of this Exemption Form).

☐ Generation by the business of less than one-half of a cubic yard of organic waste per week.

☐ Special district, local public agency other than the City, or the State of California.

☐ Using shared container for organics diversion.

☐ Extraordinary and unforeseen events (limited-term exemptions).

4. Please describe and document your requested exemption. Attach photographs if applicable.

_____

_____

Time period for requested exemption: _____

By signing below, I agree to comply with the requirements of the City of Concord and will participate in the recycling and organic material collection program, if participation becomes possible and/or required in the future. I certify that the reasons for my exemption request as claimed above are complete and accurate.

X _____   _____
    Name   Date