



County of Sacramento

SELF-HAUL FORM FOR BUSINESS RECYCLING

SWA Code Title IV Section 4.01.130

Please fax this form to (916) 875-8513, Attention: Recycling Team

FA# _ _ _ _ _

BUSINESS NAME: _____ **DBA NAME:** _____

Street Address (No P.O. Boxes) _____
City _____ State _____ Zip _____
Mailing Address (if different) _____
City _____ State _____ Zip _____

BUSINESS OWNER/AUTHORIZED DESIGNEE'S NAME: _____

Address _____ City _____ State _____ Zip _____
Phone: () -- -- Fax: () -- --
E-mail: _____

TYPE OF BUSINESS:

RESTAURANT Manufacturer Office Complex
 Bank Grocery Other (please specify) _____

DUMPSTER SIZE: Check all that apply:

___ (1) cu yd ___ (2) cu.yd ___ (3) cu yd ___ (4) cu yd ___ (5-10) cu yd ___ (>10) cu yd

WEEKLY PICKUP FREQUENCY ___ (1x) ___ (2x) ___ (3x) ___ (4x) ___ (>4x)

RESPONSIBLE PARTY PAYING FOR GARBAGE SERVICE: _____

Address _____ City: _____ State: _____ Zip: _____
C/O: _____
Phone () -- --

PLEASE CIRCLE THE **MATERIALS** AND ESTIMATE THE **AMOUNT (LBS)** QUARTERLY THAT YOU SELF-HAUL TO RECYCLING FACILITIES:

Materials	(lbs/quarterly)	Materials	(lbs/quarterly)	Materials	(lbs/quarterly)
Cans/all types: Aluminum, steel, or bi-metal cans		Glass bottles, Jars, and containers		Cardboard, and paperboard	
Plastic #1-#7		Mixed papers		Newspapers, magazines, and junk mail	
Other:					

FACILITIES WHERE MATERIALS ARE TAKEN FOR RECYCLING. ATTACH "ADDITIONAL FACILITIES SHEET" IF YOU UTILIZE MORE THAN FIVE FACILITIES:

Name of Facility	Address / Location	Materials Delivered

I declare that I have read the foregoing document and that the facts stated herein are true to the best of my knowledge, that I have reviewed Sacramento Regional Solid Waste Authority SWA Code, Section 4.01.130, and that I will comply with all requirements therein.

SIGNATURE (OWNER AND/OR REPRESENTATIVE)

TITLE

DATE

_____ / _____ / _____

**Please Send completed forms to:
Environmental Management Department
Attention: Recycling Team
10590 Armstrong Avenue, Ste A
Mather, CA 95655
Phone: (916) 875-8550 • Fax: (916) 875-8513**

For Official Use Only:

Received by: _____ Date ____ / ____ / ____

Application status: Complete: ____ Yes ____ No

Approved by: _____