



City of Murrieta – Trash & Recycling Compliance

Business Information

Contact Name: _____

Business Name: _____

Property Address: _____

Phone Number: _____ Email Address: _____

Business Type (select one):

- | | |
|---|--|
| <input type="checkbox"/> Restaurant | <input type="checkbox"/> Office Building |
| <input type="checkbox"/> Multi-Family (Under 5 units) | <input type="checkbox"/> Industrial |
| <input type="checkbox"/> Multi-Family (5 or more units) | <input type="checkbox"/> Other: _____ |

Waste Management Services

Does your business currently receive trash services from Waste Management, Inc.?	<table border="0" style="margin: auto;"> <tr> <td>Yes</td> <td>No</td> <td>Not Sure</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Yes	No	Not Sure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																					
Yes	No	Not Sure																																																																																										
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																										
If yes, please select which day(s) your trash is collected by Waste Management, Inc.:	<table border="0" style="margin: auto;"> <tr> <td colspan="7">Pickup Days:</td> </tr> <tr> <td>M</td> <td>T</td> <td>W</td> <td>Th</td> <td>F</td> <td>Sa</td> <td>Su</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Pickup Days:							M	T	W	Th	F	Sa	Su	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																						
Pickup Days:																																																																																												
M	T	W	Th	F	Sa	Su																																																																																						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																						
Does your business currently receive recycling services from Waste Management, Inc.?	<table border="0" style="margin: auto;"> <tr> <td>Yes</td> <td>No</td> <td>Not Sure</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Yes	No	Not Sure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																					
Yes	No	Not Sure																																																																																										
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																										
If yes, please select the current recycling services your business/unit receives (if known):	<table border="0" style="margin: auto;"> <tr> <td colspan="7"><u>Standard Recycling</u></td> </tr> <tr> <td colspan="7">Bin Size (Yards):</td> </tr> <tr> <td>2</td> <td>3</td> <td>4</td> <td>6</td> <td>8</td> <td colspan="2"></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="2"></td> </tr> <tr> <td colspan="7">Pickup Days:</td> </tr> <tr> <td>M</td> <td>T</td> <td>W</td> <td>Th</td> <td>F</td> <td>Sa</td> <td>Su</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="7"><u>Organics Recycling</u></td> </tr> <tr> <td colspan="7">64-gallon cart:</td> </tr> <tr> <td colspan="7"><input type="checkbox"/></td> </tr> <tr> <td colspan="7">Pickup Days:</td> </tr> <tr> <td>M</td> <td>T</td> <td>W</td> <td>Th</td> <td>F</td> <td>Sa</td> <td>Su</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	<u>Standard Recycling</u>							Bin Size (Yards):							2	3	4	6	8			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Pickup Days:							M	T	W	Th	F	Sa	Su	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Organics Recycling</u>							64-gallon cart:							<input type="checkbox"/>							Pickup Days:							M	T	W	Th	F	Sa	Su	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Standard Recycling</u>																																																																																												
Bin Size (Yards):																																																																																												
2	3	4	6	8																																																																																								
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																								
Pickup Days:																																																																																												
M	T	W	Th	F	Sa	Su																																																																																						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																						
<u>Organics Recycling</u>																																																																																												
64-gallon cart:																																																																																												
<input type="checkbox"/>																																																																																												
Pickup Days:																																																																																												
M	T	W	Th	F	Sa	Su																																																																																						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																						
Do you have a landscaper that hauls away your green waste?	<table border="0" style="margin: auto;"> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>																																																																																							
Yes	No																																																																																											
<input type="checkbox"/>	<input type="checkbox"/>																																																																																											



AB 341 Compliance (Recycling Services)

Your Business/Multi-Residential Property Recycling Program Information:

Select one option below:

I arrange for recycling services with Waste Management, Inc.

OR

I deliver my recyclables, or arrange for the delivery of my recyclables by a person or vendor that does not charge for service, to an authorized recycling facility (e.g. local recycling center).

Approximately how much recycling does your business generate per week? (tons/lbs./bags/etc.)

OR

I share my recycling services with another owner/occupant.

Please provide the name, address and telephone number of the person or business with whom your business shares service; a brief description of your agreement, a letter from the person or business stating they share service with you, and a copy of the person's last refuse bill from Waste Management, Inc.

OR

Back-haul Recycling Program

Our corporate office has an internal recycling program, where recycling materials are back-hauled to our corporate office for recycling purposes.

OR

I sell my recyclable material to an authorized recycling facility.

Please provide the name, address, and telephone number for the recycling facility. Please also provide a receipt documenting recycling drop-off.

(Please attach documentation along with this form to support selection)



AB 1826 Compliance

Your Business/Multi-Residential Property Organics Recycling Program Information:

AB 1826 defines Organic Waste as:

Food waste, green waste, landscape and pruning waste, nonhazardous wood waste, and food-soiled paper waste that is mixed in with food waste.

Select one option below:

I arrange for organics recycling services with Waste Management, Inc.

OR

I deliver my Organic Waste, or arrange for the delivery of my Organic Waste by a person or a vendor that does not charge for service, to an authorized organics recycling facility.

*Approximately how much organic waste does your business generate per week?
(tons/lbs./bags/etc.)?*

OR

My business/unit generates less than 2 cubic yards of commercial solid waste per week.

OR

I donate my organic food waste to a non-profit organization.

Please provide the name, address and telephone number of the non-profit who your business coordinates with for food donation, and your most recent donation receipt.

OR

I recycle or compost my organic waste onsite.

OR

I arrange for my green waste to be self-hauled to an authorized organics recycling facility.

Please provide the name, address, and telephone number for the recycling facility, as well as the person(s) who you arrange with to haul your organics.

I do not have sufficient space for an additional 64-gallon organics recycling cart.

(Please attach documentation along with this form to support selection)



Acknowledgement

I, _____, hereby certify that the above answers are true to the best of my knowledge, and I have provided documentation to support this.

Signature: _____ **Date:** _____

If you have any questions about how to complete this form, please contact:

Louie Lacasella, Assistant to the City Manager.

(951) 461-6008

Where to Return the Form?

You can email: llacasella@murrietaca.gov

Or you can mail to: City of Murrieta
City Manager's Office
1 Town Square
Murrieta, CA 92562

