



Residential Shared / Self Haul Application

Complete all sections below. Fields marked with a red star (*) are required.

Section 1. Applicant Information

Site Name* _____

Physical Address* _____

City* _____ State* _____ Zip* _____

Section 2. Waiver Request

The standard method of compliance with mandatory recycling and organics laws is through collection service provided by a waste hauler. However, other methods may be employed as well, as defined below:

Shared: Materials are recycled through shared collection service paid for by a neighboring resident.

Self-haul: Applicant(s) transport materials to a recycling facility.

Back-haul: Materials are transported to a central location owned by the applicant or an affiliate for on-site recycling or shipping to a recycling facility.

Landscaper: Landscaping contractor transports yard waste to a recycling facility.

Third Party: A third-party entity (other than employees, garbage hauler or landscaper) transports materials to a recycling facility.

On-site: Materials are recycled on-site, most commonly via composting.

Select the type of waiver that you are requesting:

- Shared Service**
- Self-haul**

Alternative Compliance Methods

Report each material recycled via an alternative compliance method. Include as many details as possible, including facilities, addresses, contact information, and estimated cubic yards per week.

Material* select all that apply

- Mixed recyclables
- Cardboard
- Beverage Containers
- Mixed Organics
- Yard waste
- Food scraps
- Other

Method* select all that apply

- Shared
- Self-haul
- Back-haul
- Landscaper
- Third party
- Other

If landscaper is selected, provide landscaping company name in "Details":

Details* _____

Section 5. Supporting Documents

Attach document(s) that supports your submission to your application. Documents may include photos, site plans, contracts, written agreements, delivery receipts and weight tickets from solid waste disposal facilities, etc.

Section 6. Certification

Name of person completing this form* _____

Contact Phone* _____

Contact Email* _____

Confirmation for this submission will be sent to this email address

Mailing Address _____

City _____ **State** _____ **Zip** _____

I hereby certify that all information entered above is true and accurate to the best of my knowledge.*

Signature _____ **Date:** _____

Submit your application to:

Recycle@chico.ca.gov

City of Chico

965 Fir Street

Chico, CA 95928

Questions? Call 530-592-5541