







Business Food Scraps Requirement Waiver

COMPANY AND CONTACT INFORMATION Company name: Representative name: Street address: City: State: Zip: Email: Phone: Fax: **WAIVER REASON** This request for a 12-month waiver from the Business Food Scraps Requirement is being submitted for the following reason(s). ☐ Less than 250 pounds of food scraps are included in disposed waste per week. ☐ Food scraps generated by the business are not suitable for the inclusion in the program or cannot be made suitable without unreasonable expense. Physical barriers to compliance exist and cannot be immediately remedied. ☐ Compliance results in unreasonable capital expense. ☐ Compliance results in a violation of other government rules, regulations, or health and safety codes. Provide a written explanation outlining conditions that demonstrate the need for a waiver: Name of individual requesting waiver Signature Date

By signing this waiver request, signee declares all information provided is factual to the best of their knowledge. Signee hereby agrees to provide access to City staff for onsite inspection to verify a waiver request and agrees to periodic waiver verification site visits to determine if conditions that warrant the waiver are still in place and cannot be remedied in accordance with the waiver criteria.

Waiver Review and Decision

This page to be completed by City staff only

WAIVER RECOMMENDATION

walver is recommended to be [approved/denie	a) based on the following:
Observation:	
APPROVAL RECOMMENDATION "Observation	was made that unreasonable capital expense will be required
for implementation of food scraps collection"	
Date of site visit:	
Dute of site visit.	
Name of City staff	
Name of City Staff	
Signature	Date
_	
WAIVER DECISION	
City of XXXX [approves/denies] the requested v	vaiver.
If approved, the following conditions of approv	val apply:
Business agrees to provide access for or	
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waiver are still in place.	
Maisor expiration dates	
Waiver expiration date:	
12 months from the date of manner	
12 months from the date of approval	
Name of City staff	_
· · · · · · · · · · · · · · · · · · ·	
Signature	 Date