

Waiver Review and Decision

This page to be completed by City staff only

WAIVER RECOMMENDATION

Waiver is recommended to be [approved/denied] 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:

Name of City staff

Signature

Date

WAIVER DECISION

City of XXXX [approves/denies] the requested waiver.

If approved, the following conditions of approval apply:

- Business agrees to provide access for onsite visits.
- Business agrees to periodic waiver verification site visits to determine that conditions that warrant the waiver are still in place.

Waiver expiration date:

12 months from the date of approval

Name of City staff

Signature

Date