



COMMERCIAL WASTE ASSESSMENT FORM

FOR AB 1826 COVERED GENERATORS

Rev. 03/2020

California law (Assembly Bill 1826) requires businesses and multifamily dwellings of five or more units to recycle organic waste. Organic waste is defined as food waste, green waste, landscape and pruning waste, non-hazardous wood waste, and food-soiled paper waste that is mixed in with food waste.

This form is intended to collect data about commercial business waste streams. The information provided will be used to determine eligibility for cost-saving, optimized waste collection services for businesses impacted by AB 1826 and/or to identify those that may be exempt and will not be used for any other purpose*. Completion of this form is necessary to be considered for an exemption from the requirements of AB 1826.

*In accordance with CalRecycle regulations, businesses that produce less than 1/2 cubic yard of organic waste per week may be exempt from the requirements of AB 1826.

Save the Stamp!
Complete this form ONLINE





Or visit:
www.vacavillerecycling.com

1) Business Information (required):

Name of Business: _____
 Physical Address (Vacaville location): _____
 Mailing Address: _____
 Contact Name: _____ Contact Title: _____
 Telephone: _____ Email: _____

2) Type of Business (required):

- Apartment / Multifamily Dwelling
 - Commercial Business (not located in a plaza)
 - Commercial Business in a Commercial/Shopping Plaza*
- *Plaza Name, if applicable: _____

3) Does this business share a trash or recycling container with other businesses (Ex. Businesses in a commercial plaza)? (required)

- Yes
- No – Skip to Question 5

4) If known, please provide facilities/property manager contact information:

Facilities/Property Manager Name & Title: _____
 Company Name: _____
 Email: _____ Telephone: _____

5) What is the estimated percentage of materials this business produces? (required)

Material Type	0%	1%-25%	26%-50%	51%-75%	76%-100%
Cardboard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food/Organics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Glass/Jars	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lumber/Clean Wood/Pallets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Metals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Construction Materials (C&D)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plastics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Salvaged Items	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Textiles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trash/Landfill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



COMMERCIAL WASTE ASSESSMENT FORM
FOR AB 1826 COVERED GENERATORS

Rev. 02/2020

6) Please describe all recycling & organics diversion programs already in place.

List all material types recycled such as food waste, green waste, cardboard, bottles/cans, plastic film, plastic/wood pallets, food donations, etc., if applicable. Responses must include: Material Type, Method of Transportation (pickup from site or self-haul to another location), and Destination of Donated/Recycled Materials.

Example: “Beverage Containers are self-hauled to Recycle Zone (Fairfield, CA) where it is sold back at CRV rate.”

7) *FOR MULTIFAMILY COMPLEXES ONLY*:

Does this complex utilized a landscaping service?

Yes No

*If yes please complete the information below:

Name of Landscaping Company: _____ Telephone: _____

Contact Name: _____ Email: _____

Does the landscaping company haul materials to off-site location?

Yes No

By signing this form, you certify that the information provided is true and correct to the best of your knowledge:

Print Name

Title

Signature

Date

Please return completed Waste Assessment Form by mail to:

City of Vacaville
ATTN: Solid Waste and Recycling Office
1001 Allison Drive
Vacaville, CA 95687

FOR CITY STAFF USE ONLY:

Date Received:	Reviewed By:	Site Visit : <input type="checkbox"/> Yes <input type="checkbox"/> No Date of Visit: _____
Date of Data Entry:	SQG Exemption: <input type="checkbox"/> Eligible <input type="checkbox"/> Not Eligible	Date of Exemption: