

2018 City of Santa Clarita Mandatory Commercial Recycling and Organics Compliance Form

Form to be completed by any business that received a non-compliance letter and/or generates recyclables materials, food waste and/or landscape organics.

Deadline: Return completed form within thirty (30) days to avoid enforcement action. The Commercial Recycling and Organics Compliance Form can be returned by mail, email or fax. The form is also available for completion at Burrtec.com/santa-clarita-city located in the Commercial section of the webpage. Then select the link titled Mandatory Commercial Recycling and Organics Compliance Form

Mail: Burrtec Waste Industries, 26000 Springbrook Avenue, Suite 101, Santa Clarita, CA 91350

Attn: Commercial Organics

Email: santaclarita@burrtec.com

Fax: 661-222-7876

BUSINESS/ORGANIZATION INFORMATION:

Business Name: _____

Business Type: _____ # of Employees _____

Business Address: _____

Business Mailing Address (if different): _____

Contact Person (Name/Title): _____

Phone Number: _____ Email Address: _____

FOOD WASTE INFORMATION :

1. Does your business generate food waste? _____ **Yes** _____ **No**

**If the answer is no, please move forward to item 11.*

2. Do you currently separate your food waste? _____ **Yes** _____ **No**

3. Do you recycle or donate your food waste? _____ **Yes** _____ **No**

(Mark all that apply)

_____ Food waste (Backhauled)

(Return unused product to distribution center)

_____ Food waste recycled by Burrtec Waste

_____ Food waste recycled by another company

_____ Edible food donated

How much was donated? (tons/lbs/gallons/bags) _____

_____ Other: _____

4. If you use backhaul or another company, please provide the following information:

Company Name: _____ Phone number: _____

5. Types of food recycled. (Check all that apply)

_____ Fruit _____ Meats _____ Seafood _____ Vegetables _____ Dairy Products

_____ Canned Goods _____ Soups _____ Baked Goods _____ Other: _____

6. Approximately how much food is recycled per week? (tons/lbs/gallons/bags, etc.) _____

7. Where does the backhaul company or food waste recycler take the food waste to be recycled?

8. Do you donate your edible food to charity? _____ **Yes** _____ **No**

If yes, please provide Charity Name: _____

How much was donated? (tons/lbs/gallons/bags) _____

Type of food donated? **(Mark all that apply)**

_____ Fruit _____ Meats _____ Seafood _____ Vegetables _____ Dairy Products

_____ Canned Goods _____ Soups _____ Baked Goods _____ Other: _____

9. If you do not recycle or donate your food, what do you do with the food waste generated? _____

10. Is there any additional information you would like to provide?

LANDSCAPE/GREEN WASTE INFORMATION :

Green waste means leaves, grass clippings, plant and tree trimmings.

11. Does your business generate green waste? Yes No

*If the answer is no, please move forward to Item 14

11a. Approximately how much green waste is generated per week?
(tons/lbs/gallons/bags, etc.)

12. Do you currently separate your green waste from your trash?

Yes No

13. Do you recycle your green waste? Yes No

(Check all that apply)

Landscape waste removed by landscaper and recycled at composting facility: **Provide Landscape Company**

Name: _____

Phone number: _____

Name and address of recycling/composting facility used by

Landscaper _____

Landscape Waste is recycled on site by (mark all that apply):

Grass cycling turf on-site mulching on-site composting

Other _____

RECYCLING PROGRAM INFORMATION:

14. Do you currently separate your recycling? Yes No
*If the answer is no, please move forward to Item 18.

15. Approximately how much recycling is generated per week?

(tons/lbs/gallons/bags, etc.)

16. Do you self-haul the separated recyclables? Yes No

17. If you use another recycling company/service please provide the following information:

Company Name:

Phone Number:

18. Would you like a waste assessment conducted at your business or organization? Yes No

*If the answer is yes, please move forward with completing the rest of the items below.

*If no, please complete items 20, 21, and then return completed form per the directions at the top of the form.

Contact Information: _____

Phone Number: _____

Email Address: _____

19. What is the best time of day to contact you? Day: _____ Time: _____

20. Print name and title of person filling out this form:

Name _____ Title _____

21. Signature: _____ Date: _____

Internal Use Only
Account: «Account Number»
EE Name:
R Code:
Div Code/Billing Group:
Sales Ticket: Y / N

Internal Use Only
Account: «Account Number»
EE Name:
F/G Code:
Div Code/Billing Group:
Sales Ticket: Y / N