



ORGANIC WASTE & RECYCLING REGULATIONS WAIVER REQUEST FORM

Effective January 1, 2022, all commercial businesses in the City of Lakewood, including multi-family residential dwellings, must comply with all State of California-mandated recycling (aluminum, glass, cardboard & paper products, rigid plastics #1-7, and tin/bi-metal cans) and organic waste (food scraps/waste, non-waxy paper products, landscape and pruning waste, etc.) recycling provisions.

Certain commercial businesses may qualify for waivers from these mandatory program requirements; however, only businesses that have requested and received a waiver from the City may avoid mandated participation in recycling and organic waste recycling programs through a franchise-hauler program. If a waiver is not approved by the City, your business will be required to subscribe to mandated services immediately.

If your business wishes to file for a waiver from organic waste and/or recycling requirements, the Waiver Request Form must be completed in its entirety. All requested information must be filled in for the City to consider your waiver request. Ultimately, the City must follow statutory waiver requirements; therefore, approval of your waiver claim is subject to State of California review.

Businesses granted specified categorical waivers will be exempted for a five-year period from those State requirements related to the type of waiver(s) requested. Waivers must be requested for each type of exemption you believe applies to your business. To remain exempt, state law requires your business provide written verification of eligibility to the City every five years. In addition, during each of your five-year exemption periods, state law requires you notify the City any time the volume of waste generated at your business increases beyond the qualifying waste-generation threshold for any waiver granted, or any other relevant circumstances change.

On the Waiver Request form, businesses applying for a waiver must indicate the type of waiver they are claiming by selecting the appropriate waiver type and providing the requested information. **Backup documentation for all waiver types must be provide with this completed form.** There are three types of waiver requests, which are as follows:

1. DE MINIMIS WAIVER

Commercial businesses (excludes multi-family dwellings) that generate a limited amount of organic waste may apply for a "de minimis" waiver, if they either:

A. have total solid waste collection service (i.e. garbage + recycling + organics) of two (2) cubic yards or more per week, and of which organic waste subject to collection in a blue container (recycling) or green container (organic waste recycling) comprises less than 20 gallons per week, per applicable container of the business's total waste,

or;

B. have total solid waste collection service (i.e. garbage + recycling + organics) is less than two (2) cubic yards per week and organic waste subject to collection in a blue container or green container comprises less than 10 gallons per week per applicable container of the business's total waste.

2. SPACE CONSTRAINT WAIVER

If your site genuinely lacks adequate space to place separate recycling and/or organic waste recycling container(s), you may apply for a space constraint waiver.

To qualify, businesses and property owners must demonstrate space constraints that cannot be addressed through downsizing containers, using split containers, or other solutions. Businesses or property owners must first confer with the City to consider all feasible solutions to the space constraint.

State regulations allow the City to waive compliance with some or all of the recyclable materials and/or organic waste collection service requirements only if the City has confirmed through evidence from its own staff, city hauler, licensed architect, or licensed engineer that the premises lacks adequate space for the containers otherwise required.

3. THIRD-PARTY/SELF-HAUL RECYCLER WAIVER

Commercial business may opt out of waste collection services provided by the City's franchise hauler and their associated billing charges only if it provides sufficient information to the City demonstrating your internal recycling program(s) and/or a program provided by another service provider complies with State recycling laws. Other service providers may not be paid to perform any waste collection services in Lakewood.

By signing and submitting this application, your business attests that it agrees to submit information on a quarterly basis to verify ongoing programs (e.g., service provider, material type, quantity recycled, and receiving facility.) Otherwise, the City's franchise waste hauler is required to provide all mandated programs to your location as a condition of their City franchise. State law requires the City monitor its commercial businesses to ensure 100% compliance with State requirements.

If you are eligible and wish to proceed in applying for a waiver, please proceed to complete the required Waiver Request Form. You may also download this form and email your completed request to kvivanti@lakewoodcity.org



CITY OF LAKEWOOD

(562) 866-9771 ext. 2507
www.lakewoodcity.org

Mail Completed Form to:
City of Lakewood
5050 Clark Avenue
Lakewood, CA 90712
Attn: Public Works
OR Email to:
kvivant@lakewoodcity.org

ORGANIC WASTE & RECYCLING WAIVER REQUEST FORM

APPLICANT INFORMATION PROPERTY OWNER

BUSINESS OR MULTI-FAMILY PROPERTY PHYSICAL ADDRESS			PROPERTY OWNER, MANAGER OR LEASE HOLDER		
BUSINESS OR MULTI-FAMILY PROPERTY NAME			PHONE		
BUSINESS OR MULTI-FAMILY # OF UNITS			EMAIL		
BUSINESS OFFICE MAILING ADDRESS			OWNER ADDRESS		
CITY	STATE	ZIP	CITY	STATE	ZIP
LAKEWOOD	CA				

CONTACT INFORMATION

Provide the designated business representative where waiver approval or rejection notice is to be delivered.

NAME/TITLE	PHONE	EMAIL

WAIVER TYPES

Check the appropriate box(es) and provide answers to ALL questions for the requested waiver type(s).

<input type="checkbox"/> DE MINIMIS WAIVER	<i>Excludes multi-family properties</i>
1. Average number of employees onsite:	
2. Average number of employees that eat meals/snacks onsite:	
3. Is edible food (food intended for human consumption) produced, distributed or consumed at your site?	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. Does your business have a cafeteria providing meals to employees?	<input type="checkbox"/> YES <input type="checkbox"/> NO
5. Does your business have a contracted landscape service provider?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If so, provide contracted landscape service provider name:	
And landscape service provider contact/representative (including phone #):	

<input type="checkbox"/> SPACE CONSTRAINT WAIVER	
1. Have you ever worked with the City's waste collection service provider to adjust container sizes to resolve space constraint issues? (i.e. requested smaller bin sizes or split bins for recycling and trash, or other solutions, etc. to resolve space constraints)	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. Do you have documentation from the City's waste collection service provider or a licensed engineer/architect showing that space constraints preclude placement of required recycling and/or organic waste recycling containers? (This must be provided in order to receive an approval for this waiver)	<input type="checkbox"/> YES <input type="checkbox"/> NO

This Request For A Waiver Is For The Following: (Please check one)

RECYCLING ONLY
 ORGANIC WASTE RECYCLING ONLY
 RECYCLING AND ORGANIC WASTE

Weekly Trash and Recycling Collection Service Levels Are As Follows:

	BIN TYPES		QUANTITY	COLLECTIONS (PER WEEK)		BIN TYPES		QUANTITY	COLLECTIONS (PER WEEK)
	DUMPSTERS	CARTS				DUMPSTERS	CARTS		
TRASH	DUMPSTERS				RECYCLING	DUMPSTERS			
	CARTS					CARTS			



CITY OF LAKEWOOD
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THIRD-PARTY RECYCLER or INTERNAL RECYCLING PROGRAM WAIVER

Complete either section **A** for THIRD-PARTY RECYCLER WAIVER or **B** for INTERNAL RECYCLING PROGRAM WAIVER:

SECTION A

1. Contracted third-party recycling service provider name:	
2. Contracted third-party recycling service provider contact/representative:	
3. Contracted third-party recycling service provider phone number/e-mail:	
4. Contracted landscape service provider name:	
5. Contracted landscape service provider contact/representative:	
5. Contracted landscape service provider phone number/e-mail:	
7. City business license number of contracted service provider:	
8. City Self-Haul Permit number of contracted service provider:	

OR

SECTION B

1. Description of internal recycling efforts:	
2. Type(s) of material recycled:	
3. Estimated quantity of material recycled per week:	_____ gallons OR _____ cubic yards
4. Facility where this material is taken for recycling:	

All third-party recyclers and landscape service providers must have a Lakewood Business License and be authorized by the City to self-haul and must agree to report tonnages and disposal/recycling information to the City quarterly as required by State law. Please contact the City to obtain a self-haul application.

NOTE: Businesses/properties granted waivers will be exempted for a five-year period from state requirements related to the type of exemption(s) requested. To remain exempt, State law requires you to submit written verification of eligibility to the City every five years. During each five-year exemption period, State law also requires that you notify the City any time the waste generated at your business exceeds the qualifying waste-generation amount for any waiver granted or of any other relevant changes. I understand that I may be subject to periodic random inspections and spot checks to confirm the facts provided on this waiver request are accurate. If significant amount of recyclables and/or organic waste is found in the trash, the approved waiver will be cancelled and the account will need to comply with all requirements. Waiver request(s) are not transferable and can be revoked at anytime by the City or the State.

By signing this form, you are certifying all information entered is true and accurate and that you have full understanding of your businesses' obligations to provide information, report to, and otherwise fully cooperate with the City, as detailed in the instructions herein which accompany this form.

AUTHORIZED BUSINESS REPRESENTATIVE	DATE
NAME	TITLE