



**County of Sacramento**

**SELF-HAUL FORM FOR BUSINESS RECYCLING**

SWA Code Title IV Section 4.01.130

Please fax this form to (916) 875-8513, Attention: Recycling Team

**FA#** \_ \_ \_ \_ \_

**BUSINESS NAME:** \_\_\_\_\_ **DBA NAME:** \_\_\_\_\_

Street Address (No P.O. Boxes) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Mailing Address (if different) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**BUSINESS OWNER/AUTHORIZED DESIGNEE'S NAME:** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone: ( ) -- -- Fax: ( ) -- --  
E-mail: \_\_\_\_\_

**TYPE OF BUSINESS:**

RESTAURANT     Manufacturer     Office Complex  
 Bank     Grocery     Other (please specify) \_\_\_\_\_

**DUMPSTER SIZE:** Check all that apply:

\_\_\_ (1) cu yd    \_\_\_ (2) cu yd    \_\_\_ (3) cu yd    \_\_\_ (4) cu yd    \_\_\_ (5-10) cu yd    \_\_\_ (>10) cu yd

**WEEKLY PICKUP FREQUENCY**    \_\_\_ (1x)    \_\_\_ (2x)    \_\_\_ (3x)    \_\_\_ (4x)    \_\_\_ (>4x)

**RESPONSIBLE PARTY PAYING FOR GARBAGE SERVICE:** \_\_\_\_\_

Address \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
C/O: \_\_\_\_\_  
Phone ( ) -- --

PLEASE CIRCLE THE **MATERIALS** AND ESTIMATE THE **AMOUNT (LBS)** QUARTERLY THAT YOU SELF-HAUL TO RECYCLING FACILITIES:

Materials	(lbs/quarterly)	Materials	(lbs/quarterly)	Materials	(lbs/quarterly)
Cans/all types: Aluminum, steel, or bi-metal cans		Glass bottles, Jars, and containers		Cardboard, and paperboard	
Plastic #1-#7		Mixed papers		Newspapers, magazines, and junk mail	
Other:					

FACILITIES WHERE MATERIALS ARE TAKEN FOR RECYCLING. ATTACH "ADDITIONAL FACILITIES SHEET" IF YOU UTILIZE MORE THAN FIVE FACILITIES:

Name of Facility	Address / Location	Materials Delivered

I declare that I have read the foregoing document and that the facts stated herein are true to the best of my knowledge, that I have reviewed Sacramento Regional Solid Waste Authority SWA Code, Section 4.01.130, and that I will comply with all requirements therein.

SIGNATURE (OWNER AND/OR REPRESENTATIVE)

TITLE

DATE

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Please Send completed forms to:**  
**Environmental Management Department**  
**Attention: Recycling Team**  
**10590 Armstrong Avenue, Ste A**  
**Mather, CA 95655**  
**Phone: (916) 875-8550 • Fax: (916) 875-8513**

**For Official Use Only:**

Received by: \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Application status: Complete: \_\_\_\_ Yes \_\_\_\_ No

Approved by: \_\_\_\_\_