Mandatory garbage service is required by:

**Monterey County Code, Chapter 10.41.030**

There are three (3) reasons a **MANDATORY GARBAGE EXEMPTION** may be granted:

1. **The property is undeveloped or vacant***
2. **All solid waste generated on the premises is recycled or composted***
3. **Residential properties** with long, narrow, or steep driveways in instances where the franchisee in the opinion of the Director of Health, is **unable to properly and safely use franchisee’s equipment** and granting such an exemption **does not create a nuisance***

*As verified by the Health Department

Please contact the franchised waste haulers for garbage and recycling service in the following areas:

All areas outside the city limits of Carmel, Del Rey Oaks, Gonzales, Greenfield, King City, Marina, Monterey, Pacific Grove, Salinas, Sand City, Seaside, Soledad, and Watsonville (within Monterey County boundary)


**Waste Management**

(800) 321-8226

http://montereycounty.wm.com

PLEASE RETURN COMPLETED AND SIGNED APPLICATION TO:

Monterey County Health Department
Environmental Health Bureau
1270 Natividad Road
Salinas, CA 93906
FAX: (831) 755-4780
Email: recycle@co.monterey.ca.us

Questions? Please call the Health Department, Environmental Health Bureau:

(831) 755-4579
I. APPLICANT INFORMATION:

- Initial Mandatory Garbage Exemption Application
- Annual Exemption Renewal

APPLICANT’S NAME:

<table>
<thead>
<tr>
<th>Residential Address:</th>
<th>Apt:</th>
</tr>
</thead>
<tbody>
<tr>
<td>City:</td>
<td>State:</td>
</tr>
<tr>
<td>Phone:</td>
<td>Fax:</td>
</tr>
</tbody>
</table>

Mailing Address:

<table>
<thead>
<tr>
<th>City:</th>
<th>State:</th>
<th>Zip:</th>
<th>County:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone:</td>
<td>Fax:</td>
<td></td>
<td></td>
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</table>

PROPERTY OWNER:

<table>
<thead>
<tr>
<th>Address:</th>
<th>Apt:</th>
</tr>
</thead>
<tbody>
<tr>
<td>City:</td>
<td>State:</td>
</tr>
<tr>
<td>Phone:</td>
<td>Fax:</td>
</tr>
</tbody>
</table>

II. PROPERTY INFORMATION:

<table>
<thead>
<tr>
<th>Physical Address:</th>
<th>Apt:</th>
</tr>
</thead>
<tbody>
<tr>
<td>City:</td>
<td>State:</td>
</tr>
<tr>
<td>APN:</td>
<td>Acres or Sq Feet:</td>
</tr>
</tbody>
</table>

III. REASON FOR THE EXEMPTION:

[Attach a separate sheet if necessary]

Why are you requesting a MANDATORY GARBAGE EXEMPTION?

________________________________________________________________________

If a MANDATORY GARBAGE EXEMPTION is granted, where and how will garbage be disposed of?

________________________________________________________________________

If a MANDATORY GARBAGE EXEMPTION is granted, how, where and what will you recycle?

________________________________________________________________________
________________________________________________________________________

IV. ATTACHMENTS: (Check all that apply)

- Letter from franchised waste hauler, supporting REASON FOR THE EXEMPTION.
- Records or receipts from garbage disposal facility.
- Additional Supportive Documentation:

PLEASE READ: The undersigned hereby applies for an exemption and agrees to operate in accordance with all applicable state and local regulations/laws and inspection procedures needed to ensure compliance. Disposal/recycling receipts must be kept for the period during which the exemption applies. Failure to comply with these terms may result in immediate suspension/revocation of the exemption and/or enforcement action, including immediate initiation of garbage service to be provided by the franchised hauler. Penalties and fees may be assessed should improper handling/management of waste be discovered. Notify the Department of Health of any change in the type of activity, name, billing address, or ownership by calling the number listed on the back. EXEMPTION IS NOT TRANSFERABLE.

Signature: _____________________________________________________________________________

Print Name: ___________________________________________________________________________

Date: _________________________________________________________________________________

Revised 6/11