

Effective July 1, 2022, all commercial businesses in the City of Moreno Valley, including multifamily residential properties, must comply with Senate Bill (SB) 1383 and all its organic waste recycling provisions (organic waste includes any landscape trimmings, food scraps, paper towels, facial tissues, paper napkins, and other food or beverage- soiled paper products). The law allows for businesses and residents to request waivers from collection service that may be issued under specific conditions.

If your business wishes to file for an exemption (waiver) from SB 1383 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 exemption claim is subject to State of California review. Please email the completed form to recycle@moval.org.

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 provided with this completed form.** There are three types of waiver requests, which are as follows:

1. De-minimis Waiver

Commercial businesses (excludes multifamily properties) that generate a limited amount of recycling and/or organic waste may apply for a "de-minimis" waiver if the business meets the following conditions:

- A. The solid waste collection service for the business is 2 cubic yards or more per week and the business generates less than 20 gallons per week of recyclable materials and/or organics waste. OR,
- **B.** The solid waste collection service for the business is less than 2 cubic yards per week and the business generates less than 10 gallons per week of recyclable materials and/or organic waste.

2. Physical Space Constraint Waiver

The site generally lacks adequate space to place separate recycling and organics waste recycling containers. Businesses and property owners must demonstrate space constraints that cannot be addressed through downsizing containers. The city or its designee must confirm through evidence from city's own staff, franchised hauler, licensed architect, licensed engineer or other city designee that the premises lack adequate space for the required containers.

3. Self Haul, Backhaul or Third Party Hauler

Self-hauling is transporting your organics waste and/or recyclable materials off your property yourself instead of using the City's franchised hauler collection services. Self-hauling also includes businesses backhauling. Backhauling is when a business transports organic waste and/or recyclable materials to a destination owned and operated by the business using its own employees and equipment. Third party hauling is when a person or organization provides organic and/or recycling collection services that reduces the weekly recyclable materials or organic waste produced to below the de-minimis threshold and without charging the business a fee for the service.

Only businesses that have requested and received a waiver from the city can avoid mandated participation through a franchise-hauler program. If the city does not approve a waiver, your business will be required to subscribe to mandated services immediately. Businesses granted specified categorical waivers will be exempted for a five-year period from those state requirements related to the type of exemption(s) requested. To remain exempt, state law requires your business to 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 to 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 circumstance change.



Recycling and Organic Waste Collection Waiver Request

WM Account #		
Property is:	□ Residence	or □ Business
Property Owner Name:		
Name of Business (Business Only):		
Service Address:	-	
City:	State:	Zip Code:
Email Address:		Phone:
Mailing Address (if different from Service	ce Address):	
City:	State:	Zip Code:
business generates less than 20 ga		2 cubic yards or more per week and this the material type selected below (mark all
that apply):	•	·
□ Recyclable Materials	☐ Organics W	vaste
		less than 2 cubic yards per week and this the material type selected below (mark all
☐ Recyclable Materials	□ Organics W	/aste
Provide a description or explanation of he condition selected above. Attach picture		ied that this property meets the de-minim request.



and/or service	e of the required cart(s). A wa	There is insufficient space at the property listed above for the storaliver is requested for the following (mark all that apply): ☐ Organics Waste
	The City or its designee wi organic waste collection se	ill inspect the site to confirm the lack of available space for ervice.
	e reason for the lack of s auler to support the reques	space and attach pictures, blueprints, or statement from test.
	Self Haul, Backhaul or T	
recycling and the service. <i>T</i> that haul awa	or organics waste collection his can include but is not limity trimmings, food donation to	uling Services Waiver: A person or organization that provides a service and does not charge the business named above for ited to paper and cardboard recyclers, landscaping companies a people or animals and fats, oils, grease collectors.
landfi <i>ticket</i>	lled. This may include a land s from the processing facilitie	st are documents showing that the material collected is not scaping contract, statement from the collector or actual weight as where material was taken if self-hauling materials.
		erial, the amount generated each week (in gallons or pounds) e collector or the organization.
rial Type	Estimated Amount Per Week in gallons or pounds	Name, Email Address and Phone Number of Collector
	1	



By signing this form, you are attesting that you have full understanding of your business's 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		
Name	Title	
Date		
Y STAFF USE ONLY:		
	Date Received:	
	Date Received:	
ceived By:	Date Received:	
ceived By:	Date Received:	
ceived By: ☐ Approved ☐ Denied	Date Received:	
ceived By: Approved Denied	Date Received:	
ceived By: ☐ Approved ☐ Denied	Date Received:	
ceived By: ☐ Approved ☐ Denied	Date Received:	