



## CASTRO VALLEY SANITARY DISTRICT GARBAGE EXEMPTION FORM

Applicant's Name		Date
Property Address		Phone
Number of Occupants	Number & Type of Pets_	
	ices (Canyonlands customer	om participation in garbage services and some some some some services at a contract of the property.
If you wish to be considered for an exer service, you must complete this form ar		nitary District's mandatory garbage
Alameda County Industries CVSan Mandatory Commercial Recy PO Box 1878 San Leandro, CA 94577-0277 BillingCV@AlamedaCountyIndustrie		
• • • • • • • • • • • • • • • • • • •	, · · · · · · · · · · · · · · · · · · ·	descriptions and all receipts and letter idents who meet one of the following fou
I am applying for an exemptio [Please provide a detailed, writte		enerated on the premises.  no garbage is generated on the premises.
		ared or consumed on this premises. without a kitchen and where you
[Please submit at least four r	receipts, or a monthly bill to safe and legal manner. In a	bage to an authorized disposal facility. that prove your garbage is being ddition, describe how your garbage





I am applying for an exemption because I share owner/occupant in the District.  [Please provide the name, address and telephone service, a brief description of your agreement, a le with you, and a copy of the person's last recycling,	e number of the persetter from the person s	on with whom you share stating they share service
For an exemption to be granted, a brief physical inspection occupant/owner does not need to be present for the in available between 8:00 a.m. and 5:00 p.m., Monday the inspection may result in denial of an exemption request. Inspection is insufficient. An interior inspection (if needed by signing this form and requesting an exemption from requesting from the exemption from requesting an exemption from requesting from the exemption from the ex	nspection, but the pro- nrough Friday. Failu An interior inspection ) shall be arranged wi gular weekly garbage	operty's exterior must be made are to permit a random exterior in may be required if the exterior ith the property owner.  • collection, the undersigned,
Valley Sanitary District staff person to perform an inspecti	on of my property loc	ated at:
	(City)	_, CA (Zip)
Applicant's Signa	ature	
Should you have questions about how to complete this for (510) 537-0757 or Alameda County Industries at (510) 48		Valley Sanitary District at
NOTE: Exemptions are granted for a one-year period You must re-apply for an exemption, annually. Exemp of the following four criteria. You will be notified of you twenty (20) business days of the receipt of your applied	ptions may be grante our exemption statu	ed to residents who meet one

TO BE COMPLETED BY ACI

For re-applicants, this form and supporting documentation must be received no later than \_\_\_\_\_