

GREEN WASTE SELF-REPORTING FORM



Please return to:
City of Carlsbad

Attn: Recycling Division – Environmental Management

1635 Faraday Ave., Carlsbad, CA 92008

Ph: 760-602-4646

email: recycle.trash@carlsbadca.gov

Property Name: _____ WM Account _____

Street Address: _____

Mailing Address: _____

Contact Person/Title: _____

Contact Phone: _____ E-mail: _____

Our multifamily property currently complies with AB1826-Mandatory Commercial Organics Recycling by recycling and/or disposing of green waste as described below:

_____ Our landscape maintenance contractor delivers green waste to a compost or recycling facility. Please provide your landscape company name and phone number below:

Landscape Company Name

Phone #

Please provide name of compost/recycling facility your landscaper is recycling the green waste at:

Business Name

City

Phone #

_____ We self-haul our green waste; we deliver green wastes to a compost, recycling or agricultural facility directly. Please provide the name of the recycling/compost facility you self-haul to:

Business Name

City

Phone #

_____ Our green waste is collected by Waste Management, Inc. - city will verify with WM.

_____ None/Other - please describe: _____

This information will be used to determine compliance with AB 1826 and reported to the State of California.

I am the authorized representative of the above named entity and I certify that the foregoing is true and correct to the best of my knowledge.

Signature of person filling out this form

Date