



SACRAMENTO REGIONAL SOLID WASTE AUTHORITY (SWA)

BUSINESS TRUST SUPPLEMENTAL INFORMATION PACKET

SUPPLEMENT ATTACHMENT TO
NON-EXCLUSIVE COMMERCIAL
SOLID WASTE COLLECTION FRANCHISE
APPLICATION

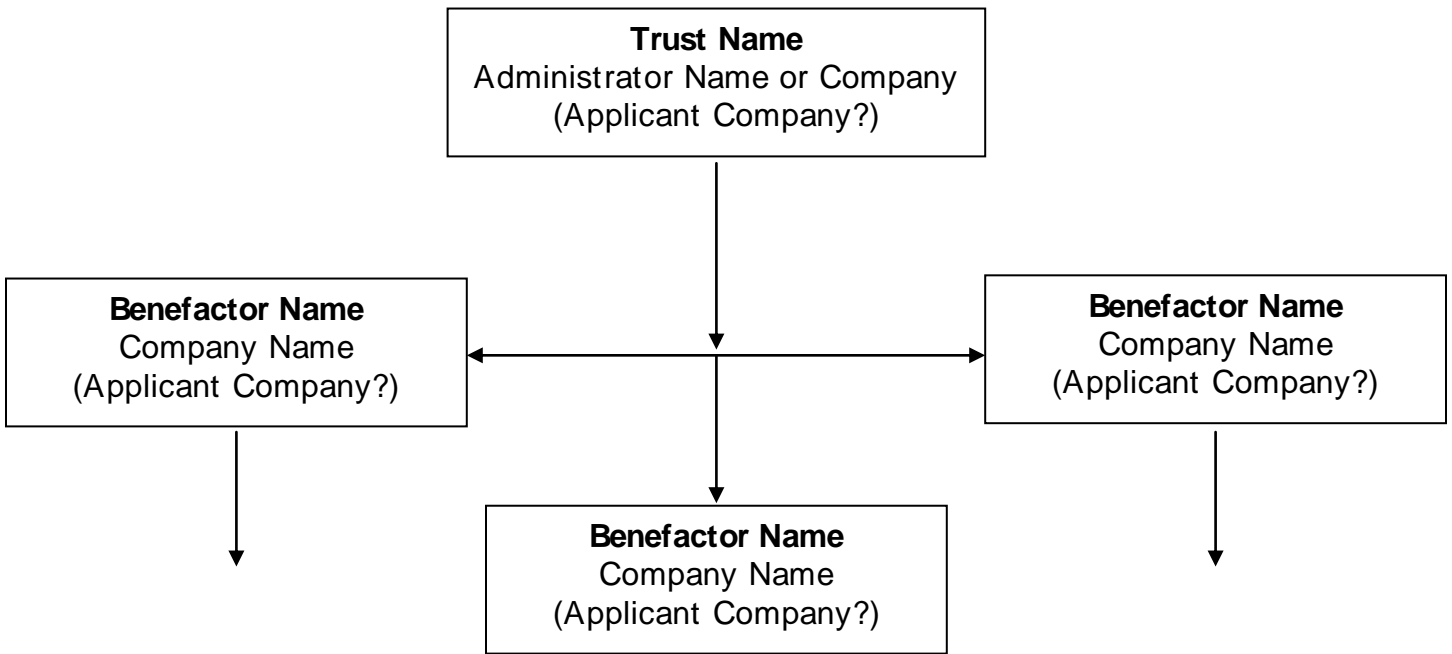
(Pursuant to Sacramento Regional Solid Waste Authority (SWA) Ordinance No. 18)

This packet must be submitted by any applicant that is a business trust and is applying for a Non-Exclusive Commercial Solid Waste Franchise within the SWA Region.

Please provide a Trust Organizational Chart with your response. This chart should resemble the example on the next page.

Solid Waste Collection Business Trust

Trust Organizational Structure Matrix



**SUPPLEMENTAL INFORMATION FOR
SACRAMENTO REGIONAL
SOLID WASTE AUTHORITY (SWA)
NON-EXCLUSIVE COMMERCIAL SOLID WASTE FRANCHISE
FOR A BUSINESS TRUST**

SECTION A (Identification)

Name of Applicant Trust

Street Address of Applicant Trust (Street, City, State, Zip)

Agency Phone

Agency Fax

E-mail or Website

Trust Administrator

Administrator Phone

Administrator Fax

SECTION B (Business Operations – Applicant Trust)

Please complete the following:

1. Benefactor Information:

Benefactor Name: _____

Title: _____ Percent Interest in Trust _____

Address: _____

Phone: _____

Date Joined Trust: _____

Benefactor Name: _____

Title: _____ Percent Interest in Trust _____

Address: _____

Phone: _____

Date Joined Trust: _____

Financial Officer(s):

Name: _____ Division or Operation: _____

Title: _____

Address: _____

Phone: _____

Date Appointed or Hired to Position: _____

Operations Manager(s):

Name: _____ Division or Operation: _____

Title: _____

Address: _____

Phone: _____

Date Appointed or Hired to Position: _____

Name: _____ Division or Operation: _____

Title: _____

Address: _____

Phone: _____

Date Appointed or Hired to Position: _____

Name: _____ Division or Operation: _____

Title: _____

Address: _____

Phone: _____

Date Appointed or Hired to Position: _____

SECTION C (Certification)

Read the following statement carefully

I hereby certify that the information in this corporation supplemental information package is true and correct, that the operation will be conducted in accordance with the information contained and certified herein, and in accordance with SWA Ordinance No. 18, County of Sacramento Code, City of Sacramento Code and the Sacramento Regional Solid Waste Authority rules and regulations written pursuant to Ordinance No. 18.

(Reserved for Notary Seal)

Name (print) _____

Signed _____

Title _____

Date _____