



SACRAMENTO REGIONAL SOLID WASTE AUTHORITY (SWA)

CORPORATION SUPPLEMENTAL INFORMATION PACKET

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

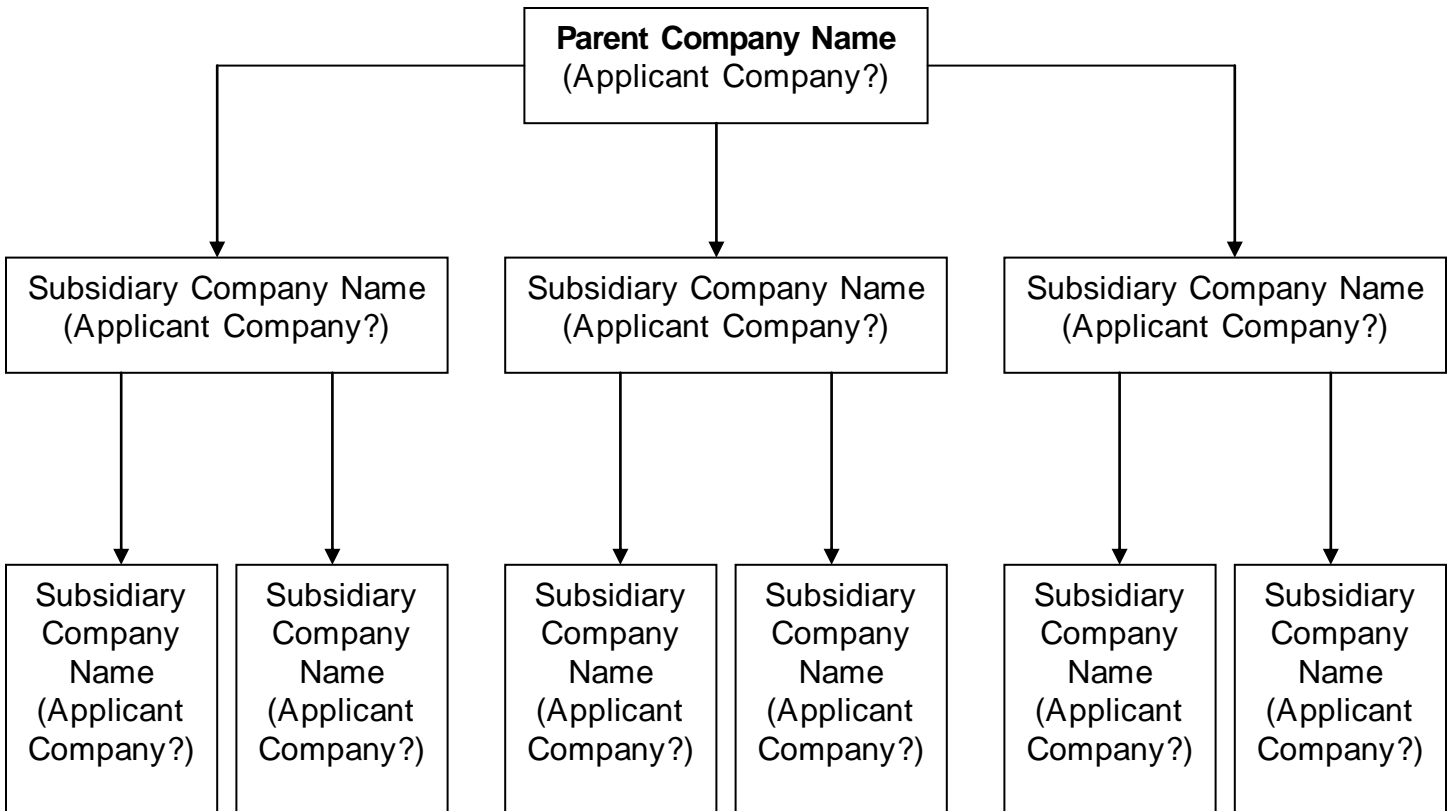
(Pursuant to Sacramento Regional Solid Waste Authority (SWA) Ordinance No. 18)

Any applicant that is a corporation and is applying for a Non-Exclusive Commercial Solid Waste Franchise within the SWA Region must submit this packet.

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

EXAMPLE

Corporate Structure Matrix



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

SECTION A (Identification)

Name of Applicant Corporation

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

Business Phone

Business Fax

E-mail or Website

Date of Incorporation

SECTION B (Business Operations – Applicant Corporation)

Please complete the following:

1. Executive Officers:

Corporation President: _____

Address: _____

Phone: _____

Date appointed or hired to Position: _____

Corporation Vice-President(s):

Name: _____ Division or Operation: _____

Address: _____

Phone: _____

Date appointed or hired to Position: _____

Sacramento Regional Solid Waste Authority
Corporation Supplemental Information Form

Name: _____ Division or Operation: _____

Address: _____

Phone: _____

Date appointed or hired to Position: _____

Corporation Treasurer(s):

Name: _____ Division or Operation: _____

Address: _____

Phone: _____

Date appointed or hired to Position: _____

Name: _____ Division or Operation: _____

Address: _____

Phone: _____

Date appointed or hired to Position: _____

Corporation Secretary(ies):

Name: _____ Division or Operation: _____

Address: _____

Phone: _____

Date appointed or hired to Position: _____

Name: _____ Division or Operation: _____

Address: _____

Phone: _____

Date appointed or hired to Position: _____

SECTION C (Business Operations – Parent Corporation(s))

Please complete the following for all **Parent Corporations** to the Applicant Corporation:

1. Executive Officers:

Corporation President: _____

Address: _____

Phone: _____

Date appointed or hired to Position: _____

Corporation Vice-President(s):

Name: _____ Division or Operation: _____

Address: _____

Phone: _____

Date appointed or hired to Position: _____

Name: _____ Division or Operation: _____

Address: _____

Phone: _____

Date appointed or hired to Position: _____

Corporation Treasurer(s):

Name: _____ Division or Operation: _____

Address: _____

Phone: _____

Date appointed or hired to Position: _____

Name: _____ Division or Operation: _____

Address: _____

Phone: _____

Date appointed or hired to Position: _____

Corporation Secretary(ies):

Name: _____ Division or Operation: _____

Address: _____

Phone: _____

Date appointed or hired to Position: _____

Name: _____ Division or Operation: _____

Address: _____

Phone: _____

Date appointed or hired to Position: _____

SECTION D (Business Operations – Subsidiary Corporation(s) or Company(ies))

Please complete the following for all **Subsidiary Corporations or Companies** [including dba(s)] to the Applicant Corporation:

1. Executive Officers:

Corporation President: _____

Address: _____

Phone: _____

Date appointed or hired to Position: _____

Corporation Vice-President(s):

Name: _____ Division or Operation: _____

Address: _____

Phone: _____

Date appointed or hired to Position: _____

Name: _____ Division or Operation: _____

Address: _____

Phone: _____

Date appointed or hired to Position: _____

Corporation Treasurer(s):

Name: _____ Division or Operation: _____

Address: _____

Phone: _____

Date appointed or hired to Position: _____

Name: _____ Division or Operation: _____

Address: _____

Phone: _____

Date appointed or hired to Position: _____

Corporation Secretary(ies):

Name: _____ Division or Operation: _____

Address: _____

Phone: _____

Date appointed or hired to Position: _____

Name: _____ Division or Operation: _____

Address: _____

Phone: _____

Date appointed or hired to Position: _____

SECTION E (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 _____