



## **SACRAMENTO REGIONAL SOLID WASTE AUTHORITY (SWA)**

### **PARTNERSHIP SUPPLEMENTAL INFORMATION PACKET**

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

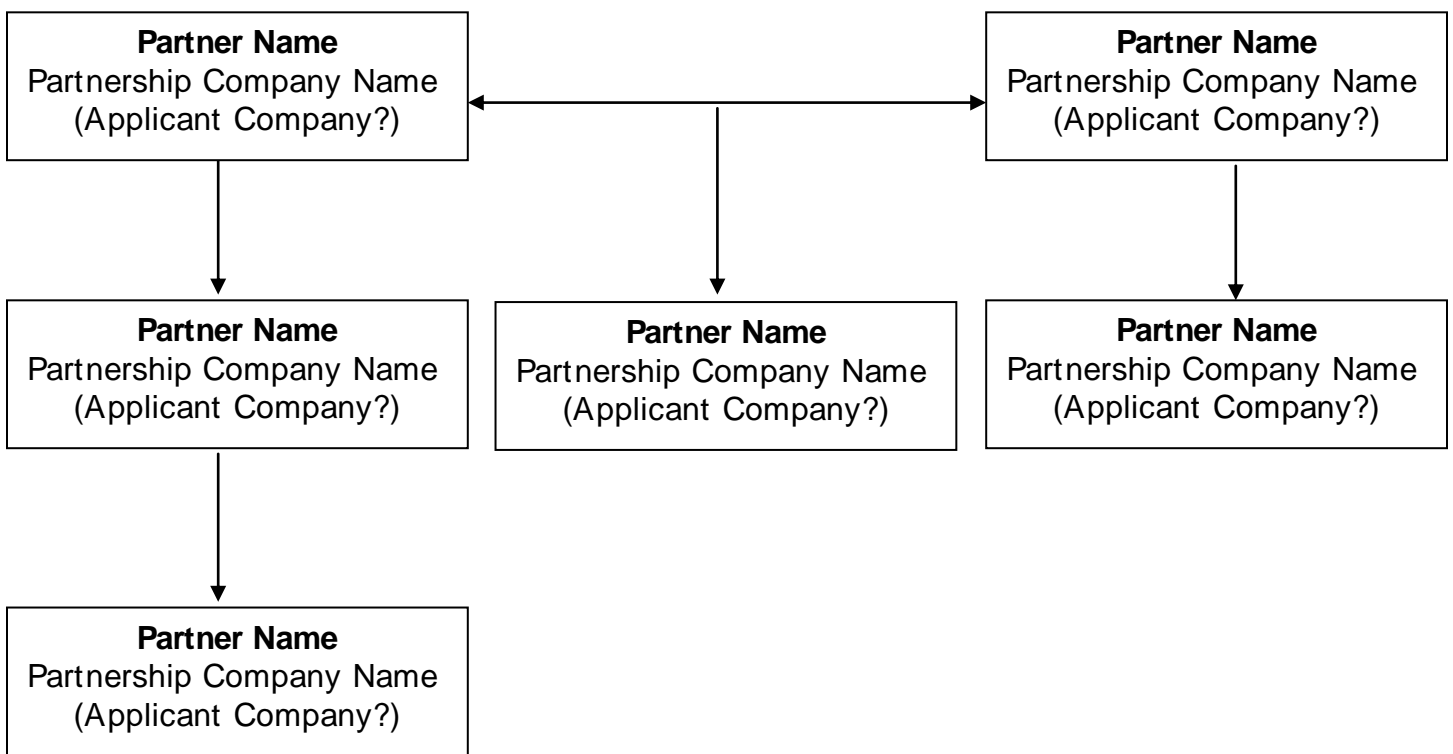
*(Pursuant to Sacramento Regional Solid Waste Authority (SWA) Ordinance No. 18)*

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

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

# EXAMPLE

## Partnership Structure Matrix



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

**SECTION A (Identification)**

Name of Applicant Partnership

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

Business Phone

Business Fax

E-mail or Website

Date of Partnership Creation

Type of Partnership (i.e. General, Limited, LLP, etc.)

**SECTION B (Business Operations – Applicant Partnership)**

Please complete the following:

**1. Partner Information:**

Partner Name: \_\_\_\_\_

Title: \_\_\_\_\_ Percent Interest in Partnership \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Date Joined Partnership: \_\_\_\_\_

Partner Name: \_\_\_\_\_

Title: \_\_\_\_\_ Percent Interest in Partnership \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Date Joined Partnership: \_\_\_\_\_

Attach additional sheets as necessary.

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** (Business Operations – Other Partnerships)

Please complete the following for all **Other Partnerships** any partner of the Applicant Partnership is involved with or has an interest in said other partnership(s):

**Additional Partnerships:**

Partner Name: \_\_\_\_\_

Partnership Name: \_\_\_\_\_

Business Type: \_\_\_\_\_

Title: \_\_\_\_\_ Percent Interest in Partnership \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Date Joined Partnership: \_\_\_\_\_

Partner Name: \_\_\_\_\_

Partnership Name: \_\_\_\_\_

Business Type: \_\_\_\_\_

Title: \_\_\_\_\_ Percent Interest in Partnership \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Date Joined Partnership: \_\_\_\_\_

Partner Name: \_\_\_\_\_

Partnership Name: \_\_\_\_\_

Business Type: \_\_\_\_\_

Title: \_\_\_\_\_ Percent Interest in Partnership \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Date Joined Partnership: \_\_\_\_\_

*Attach additional sheets if necessary*

**SECTION D (Certification)**

**Read the following statement carefully**

I hereby certify that the information in this partnership 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 \_\_\_\_\_