



**SELF-HAUL FORM
SWA BUSINESS RECYCLING
SWA Code Title IV Section 4.01.120**

FA# _____

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Jimmie Yee
(County of Sacramento)

Paul J. Hahn
Administrator

Paul Philleo
Acting General
Manager/Engineer

BUSINESS NAME: _____	DBA NAME: _____
Street Address (No P.O. Boxes) _____	
City _____ State _____ Zip _____	
Business License # _____	
Mailing Address (if different) _____	
City _____ State _____ Zip _____	

BUSINESS OWNER/AUTHORIZED DESIGNEE'S NAME: _____
Address _____ City _____ State _____ Zip _____
Phone: () -- -- Fax: () -- --
E-mail: _____

TYPE OF BUSINESS:
<input type="checkbox"/> Restaurant <input type="checkbox"/> Manufacturer <input type="checkbox"/> Office Complex <input type="checkbox"/> Bank <input type="checkbox"/> Grocery <input type="checkbox"/> Other (please specify) _____

DUMPSTER SIZE: Check all that apply:
_____ (1) cu yd _____ (2) cu yd _____ (3) cu yd _____ (4) cu yd _____ (5 – 10) cu yd _____ (>10) cu yd

WEEKLY PICKUP FREQUENCY _____ (1x) _____ (2x) _____ (3x) _____ (4x) _____ (>4x)
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RESPONSIBLE PARTY FOR DUMPSTER RENTAL:
NAME: _____
Address: City _____ State _____ Zip _____ Phone () -- --

PLEASE CIRCLE THE **MATERIALS** AND ESTIMATE THE **AMOUNT (LBS)** QUARTERLY THAT YOU SELF-HAUL TO RECYCLING FACILITIES:

Materials	(lbs/quarterly)	Materials	(lbs/quarterly)	Materials	(lbs/quarterly)
Aluminum Containers		Steel Containers		Paper	
Plastics #1 - #7		Glass Bottles & Containers		Cardboard	
Wooden Pallets		Scrap Metal		Other:	
Other:		Other:		Other:	

FACILITIES WHERE MATERIALS ARE TAKEN FOR RECYCLING. ATTACH "ADDITIONAL FACILITIES SHEET" IF YOU UTILIZE MORE THAN FIVE FACILITIES:

Name of Facility	Address / Location	Materials Delivered

I declare that I have read the foregoing document and that the facts stated herein are true to the best of my knowledge, that I have reviewed Sacramento Regional Solid Waste Authority Ordinance No. 17, and that I will comply with all requirements therein.

NAME (OWNER AND/OR REPRESENTATIVE) _____ TITLE _____ DATE ____/____/____

Please Send completed forms to:
Environmental Management Department
8475 Jackson Road, Ste. 230
Sacramento, CA 95826

For SWA use only:

Received by: _____ Date ____/____/____

Application status: Complete: ____ Yes ____ No Date ____/____/____

Approved by: _____