

Effective July 1, 2022, all commercial businesses in the City of Moreno Valley, including multifamily residential properties, must comply with Senate Bill (SB) 1383 and all its organic waste recycling provisions (organic waste includes any landscape trimmings, food scraps, paper towels, facial tissues, paper napkins, and other food or beverage-soiled paper products). The law allows for businesses and residents to request waivers from collection service that may be issued under specific conditions.

If your business wishes to file for an exemption (waiver) from SB 1383 requirements, the Waiver Request Form must be completed in its entirety. All requested information must be filled in for the City to consider your waiver request. Ultimately, the City must follow statutory waiver requirements; therefore, approval of your exemption claim is subject to State of California review. Please email the completed form to recycle@moval.org.

On the Waiver Request form, businesses applying for a waiver must indicate the type of waiver they are claiming by selecting the appropriate waiver type and providing the requested information. **Backup documentation for all waiver types must be provided with this completed form.** There are three types of waiver requests, which are as follows:

1. De Minimus Waiver

Commercial businesses (excludes multifamily properties) that generate a limited amount of recycling and/or organic waste may apply for a "de minimus" waiver if the business meets the following conditions:

- **A.** The solid waste collection service for the business is 2 cubic yards or more per week and the business generates less than 20 gallons per week of recyclable materials and/or organics waste. **OR**,
- B. The solid waste collection service for the business is less than 2 cubic yards per week and the business generates less than 10 gallons per week of recyclable materials and/or organic waste.

2. Physical Space Constraint Waiver

The site generally lacks adequate space to place separate recycling and organics waste recycling containers. Businesses and property owners must demonstrate space constraints that cannot be addressed through downsizing containers. The city or its designee must confirm through evidence from city's own staff, franchised hauler, licensed architect, licensed engineer or other city designee that the premises lack adequate space for the required containers.

3. Self Haul, Backhaul or Third Party Hauler

Self-hauling is transporting your organics waste and/or recyclable materials off your property yourself instead of using the City's franchised hauler collection services. Self-hauling also includes businesses backhauling. Backhauling is when a business transports organic waste and/or recyclable materials to a destination owned and operated by the business using its own employees and equipment. Third party hauling is when a person or organization provides organic and/or recycling collection services that reduces the weekly recyclable materials or organic waste produced to below the de minimus threshold and without charging the business a fee for the service.

Only businesses that have requested and received a waiver from the city can avoid mandated participation through a franchise-hauler program. If a waiver is not approved by the city, your business will be required to subscribe to mandated services immediately. Businesses granted specified categorical waivers will be exempted for a five-year period from those state requirements related to the type of exemption(s) requested. To remain exempt, state law requires your business to provide written verification of eligibility to the City every five years. In addition, during each of your five-year exemption periods, state law requires you to notify the City any time the volume of waste generated at your business increases beyond the qualifying waste-generation threshold for any waiver granted, or any other relevant circumstances change.



Recycling and Organic Waste Collection Waiver Request

WM Account#		
Property is ☐ Residence or ☐ Business	Business Name:	
Street Address:		
Maling Address (if different):		
City:	State:	Zip Code:
Property Owner/Business Owner Name:		
Email Address:		Phone:
The property address listed above is re collection service for the reason(s) indicate may receive de minimus waivers.	questing a waive d below. Please n	r from recycling and/or organics ote: per State Law, only businesses
☐ De Minimus Waiver (businesses only). minimal amount of recyclable and/or organic w		
 Solid waste collection service for t business generates less than 20 gallor that apply): 		
☐ Recyclable materials	☐ Organics Waste	Э
☐ Solid waste collection service for the business generates less than 10 gallor that apply)		
Recyclable materials	☐ Organics Waste	2
Provide a description or explanation of he minimus condition selected above. Attach p		
 □ Physical Space Constraint Waiver: The storage and./or service of the required cart(s). □ Recyclable materials □ Or 	•	
Please note: The City or its designee will in for recycling or organic waste collection se		confirm the lack of available space
Describe the reason for the lack of space and a hauler to support the request.	ttach pictures, bluep	orints, or statement from the franchised





Self Haul, Backhaul or Third Party Hauler

provides re above for t	ecycling and/or organics waste he service. <i>This can include bu</i>	Hauling Services Waiver: A person or organization that collection service and does not charge the business named it is not limited to paper and cardboard recyclers, landscaping donation to people or animals and fats, oils, grease collectors.	
lar	ndfilled. <i>This may include a land</i>	est are documents showing that the material collected is not scaping contract, statement from the collector or actual weight es where material was taken if self- hauling materials.	
		naterial, the amount generated each week (in gallons or rmation of the collector or the organization.	
Material Type	Estimated Amount Per Week In gallons or pounds	Name, Email Address and Phone Number of Collector	
obligation		that you have full understanding of your business's rt to, and otherwise fully cooperate with the City, as accompany this form.	
Authorize	ed Business Representative		
Name	Title		
Date			
TY STAFF USE ON	ILY:		
ceived By:		Date Received:	
□ Approved			
□ Denied			