Tulare County Solid Waste Organic Waste Self Haul Waiver Registration Form

(Generator Name:		Phone	Number:	
I	Email Address (if available):	Hauler Na	ame:		
I	Property Type (select one):				
I	Property or Commercial Business Name (if applicable):				
;	Street Address (No P.O. Boxes):	Iress (No P.O. Boxes):			
(City:	St	ate:	Zip Code:	
i	Mailing Address (if different from street address):				
(City:	St	ate:	Zip Code:	
	Calf I	Hauler Besie	tration		
"SELF-	ا-ااعد HAUL" or "SELF-HAULER": means a.	Hauler Regis t ny residential		nercial generator of Solid Waste	who
-	orts and disposes of his or her own organ ' shall be obligated to comply with all app	•			
	ay be subject to County reporting require	•	, u o o	to governing each traineport and alop	, 55 0.1
Reason for Self-Hauler Registration (check all that apply):					
	 ☐ I self-haul organic waste to a permitted organic waste recycling facility. ☐ I compost organic waste on-site and/or through community composting. ☐ Organic waste generated at this property is hauled by a landscaper or other third party who transports collected materials to an organics recycling facility. Name of Organics Recycling Facility (if applicable): Name of Landscaper or other third party hauling organic waste (if applicable): 				
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	BY CERTIFY that the information provid dge and I understand that any false state		-		-
disqual	lified.				
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X					
Applica	ant Signature D	ate		- SOLL COLOR	
				MASTE DEPARTE	