



ADMINISTRATIVE OFFICE
1021 Redmond Road
Williston, VT 05495

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www.cswd.net

RECYCLING SERVICES EXEMPTION REQUEST FORM

Recycling is mandatory in Chittenden County (CSWD Solid Waste Management Ordinance Section 3.8). All licensed haulers must provide, and customers must subscribe to, recyclables collection unless customers obtain an exemption from the District. By completing this form, you are certifying that mandatory recyclables are being diverted from the landfill via one or more of the methods listed below.

A. Contact Information

Contact name	Title	Phone
Business/Institution/Landlord name		Email
Address of site generating recyclables		Zip Code
Mailing address (if different from site address)		Zip Code

B. Materials Handling Information

All mandatory (aka "blue bin") recyclables generated by this entity are:

Self-hauled to a recycling facility¹. Name and address of facility: _____

Back-hauled by the business to a central facility, which then recycles the materials¹.

Destination facility name and location: _____

Materials collected and back-hauled:
(attach separate sheet if necessary) _____

Collected by a contracted third party^{1,2} for the specific purpose of recycling all materials.

Third Party Recycling Service Provider: _____ Phone: _____

Recycled using a shared service³ at another place of business.

Business #2 Name _____ Phone _____

Business #2 Site Address _____ Zip Code _____

OVER

RECYCLING SERVICES EXEMPTION REQUEST FORM *continued*

C. Certification and Signature

I certify that the information contained on this form is true and accurate to the best of my knowledge and that I am the owner or have the lawful authority to sign this document on behalf of the owner. I understand that by signing this application, I have read and understand the requirement to comply with mandatory recycling as written in the CSWD Solid Waste Management Ordinance (amended 2016). I also understand that changes to the information contained in this application must be reported to the District within five business days.

Printed Name: _____ Title: _____

Signature: _____ Date: _____

Business #2

Printed Name: _____ Title: _____

Signature: _____ Date: _____

An online option for completing this form can be found on our website (<https://cswd.net/outreach-education/businesses/>). Completed forms may be submitted via email, fax or mail:

Email: compliance@cswd.net

Fax: 802.878.5787

Mail:

Chittenden Solid Waste District

Attn: Compliance

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¹ If you ship or market solid waste, recyclables OR compostable materials to a facility not licensed by CSWD, you are required to report the material type, quantity and destination to the District for the periods of January 1 – June 30 and July 1 – December 31 of each calendar year (CSWD Solid Waste Management Ordinance Section 10.4). Information may be reported electronically by using our Materials Reporting Form (<https://cswd.net/outreach-education/businesses/>).

² To contract with a third party means the business has a formal, written contractual agreement with the third party providing the collection service, the business can provide evidence of the contractual relationship, the third party providing the service can demonstrate it meets all requirements of the District to be able to provide the service, and the business can provide receipts documenting the quantity of materials collected.

³ Business #2 has agreed to share containers/service with the entity listed in Section A and assumes responsibility for violations of the CSWD SWMO as relates to the shared container. This form must be signed by the owner, chief executive or manager of Business #2.

Exemption No.:	FOR DISTRICT USE ONLY		
Date Received:	Received by:		
Deemed Complete: Y or N	Additional Info Requested:		
<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved	Comment:	By: _____
			Date: _____