

LANDSCAPER AB 1826 COMPLIANCE DOCUMENTATION FORM

Company/Broker Name: _____

Account Number (if available): _____

Site Name: _____

Site Address: _____

We have regular landscaping services contracted with the following company.

Landscape Company Name: _____

Landscape Company Contact Person: _____

Landscape Company Address: _____

City: _____ State: _____ Zip: _____

Please provide at least one of the following:

Landscape Company Phone Number: _____

Landscape Company Email: _____

Landscaping company collects and off-hauls the yard trimmings collected at the site listed above. Please check one of the following options and provide requested information/documentation.

____ Landscaper off-hauls the material to organic collection containers located at their place of business.

Please provide the Landscape Business Collection Provider Name:

____ Landscaper off-hauls the material to a collection facility that composts/recycles the material.

Please provide the collection facility name, address and a copy of a receipt/weight ticket from that facility.

Facility Name and Address: _____

____ Other. Please describe: _____

(All information subject to review and verification for compliance.)