

Yolo County Department of Community Services Return Completed Application To:

Integrated Waste Management Division 44090 County Road 28H - Woodland, CA 95776 Phone: (530) 666-8856 Fax: (530) 666-8853 - www.yolocounty.org

At Home **COMPOSTING** Exemption Application

OWNER INFORMATION:	Please check one:	□ NEW	RENEWAL
Property Address (Location)			
Property Owner Name:	Phone		
Mailing Address:		Email:	
COMPOSTING METHOD:			
Please describe the method of af vermicomposting, etc.) and what you of			es, compost tumbler,
RURAL BURN OPTION:			
Please let us know if you plan to burn	any of your green wastes?	_YES orNO	
If yes, please explain how you obtain a	advance approval before you burn		
SIGNATURE AND ATTACHED PHO	<u>TO:</u>		
In order to have Waste Managemen			
the trash by utilizing the at home co- current at home composting as evide this application with proper documen acknowledge that my property ma understanding that reasonable notice this Agreement may cause revocation	ence of compliance with this exemptation that I continue to divert or by be inspected for compliance must be given prior to inspection	ove. I have attache option. If requested, ganic materials fron with this Exempti ns. I understand tha	ed a photograph of my annually I will resubmin n my trash cart. I also on Program with the
Signatu	ure of Owner	Date	<u>.</u>
For office use only:			
☐ APPROVED ☐ DENIED	<u> </u>	Line of the second	
	Division Director of Integrated V	Vaste Management	Date