



Notification of Reduced Collection Frequency for Refuse

DEPARTMENT OF PUBLIC WORKS & ENVIRONMENTAL SERVICES,
SOLID WASTE MANAGEMENT PROGRAM
12000 Government Center Pkwy, Suite 458, Fairfax, VA 22035
703.324.5230

Section 1. Applicant Information

Applicant Information	Business/Property Owner/Manager:	Request Date:
	Title:	Phone Number:
	Company Name:	Email Address:
	Property Name/Address:	
Hauler and/or Solid Waste Broker Information	Refuse/Recycling Hauler Name:	Solid Waste Broker Name:
	Hauler Contact Name:	Broker Contact Name:
	Hauler Phone Number:	Broker Contact Number:

Section 2. Authorized Signature

Authorized Applicant's Signature	The information provide herein is accurate to the best of my knowledge and I am authorized to make this request. In making this request, I also commit to preventing any public health, odor or nuisance issues and report any complaints to the County.	
	_____	_____
	Signature	Date

Section 3. Description of Request

NOTE: For the purpose of this application, businesses or properties where food waste is generated are typically not eligible due to the putrescible nature of the refuse/recyclables. For more information regarding properties generating large amounts of food waste, please contact the SWMP directly (see phone number listed above).

Please complete both sides of form.

1. How many square feet is the business/property and what type of business is conducted (e.g., offices, retail, warehouse)?
2. Is the application for a compactor(s) containing refuse, recycling, or both?
3. Provide detailed information regarding the compactor(s) size, contents (e.g., refuse, single stream recycling, paper recycling only), and how often is it currently collected.

4. Please provide the Box # assigned to the refuse compactor, if it is subject to this application: _____

5. Describe the location of the compactor(s), the number of direct users (i.e., cleaning staff, building engineers, or all employees), and the types of materials collected.

6. Provide details about how often the container is proposed to be collected and the reason for requesting an exception to the once per week collection requirements.

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Section 4. Approval/Denial			
Office	Disposition	Date	Signature
Solid Waste Management Program Code Enforcement	<input type="checkbox"/> Recommended <input type="checkbox"/> Denied		
Agency Director (required)	<input type="checkbox"/> Approved <input type="checkbox"/> Denied		
RCF Registration No.			