



**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.)