

Section 3 - Community Representative Contact Information

Name: _____
Management Company Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Daytime Phone: _____ E-Mail: _____

Section 4 - Landscape Contractor Information

Name of Landscaper: _____
Contact Person: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Daytime Phone: _____ E-Mail: _____

Section 5 - Where Does Your Yard Waste Go?

Name of Yard Waste Recycling Facility: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Daytime Phone: _____

Section 6 - Solid Waste and Recycling Collection Company Information

Solid Waste & Recycling Collection Company Name: _____
Contact Person: _____ Phone: _____

As the above information is, to the best of my knowledge, true and correct, I formally request consideration for approval of an alternate yard waste recycling system as described in Chapter 109.1-2-1 C of the Fairfax County Code be given to the townhouse community listed at the top of this document. In affixing my signature, I affirm that I am authorized by the residents of said community to represent them on this issue.

Signature of Authorized Community Representative

Date

Please return this application, along with a list of street addresses to be included in the alternative recycling system, to Yard Waste/SWMP, 12000 Government Center Parkway, Suite 458, Fairfax, Virginia 22035. If you need assistance in completing this application, or if you need more information, please call 703-324-5230, TTY 711.