

**COMMUNITY
REPRESENTATIVE
CONTACT**

Name: _____

Management Company Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Phone: _____

E-mail: _____

**NAME OF
LANDSCAPE
CONTRACTOR**

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Phone: _____

Contact: _____

**WHERE DOES
YOUR YARD
WASTE GO?**

Name of Yard Waste Recycling Facility: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Phone: _____

**TRASH &
RECYCLING
COLLECTOR**

SOLID WASTE & RECYCLING COLLECTION COMPANY: _____

Daytime Phone: _____

Contact: _____

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 / DSWCR, 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.