



**CITY OF ALBANY – WASTE MANAGEMENT OF ALAMEDA COUNTY
REDUCED COLLECTION SERVICE QUALIFICATION FORM
FOR 10-GALLON MICRO-CAN TRASH SERVICE**

We understand that you are making an effort to reduce the quantity of trash produced in your home and that you may qualify to receive the reduced 10-gallon trash service level. Reduced service collection will provide you with a 10-gallon trash can, which you must place at the curb, on your collection day. The reduced service option allows you to dispose of the reduced quantities of trash materials your home may still produce.

Please take a few moments to answer the questions listed below that apply to your method of reducing trash. When complete, please mail this form to Waste Management of Alameda County, Customer Service Center – Reduced Collection Service, 172 98th Avenue, Oakland, CA 94603.

1. Please indicate the method(s) you are using to reduce the quantity of trash you produce: _____

2. If composting, please indicate how long you have been composting at your residence: _____
3. If you began composting recently, what percentage of your total refuse output was reduced by composting? _____
4. Please indicate the materials that you will need to dispose of in the 10-gallon micro-can collections program: _____

Thank you for responding to our questionnaire. The information you have provided will not only help qualify you but also provide us with valuable information on how you and other residents are reducing trash generation.

Remember that it is very important that everyone do his or her part to reduce trash. Your efforts will help the City of Albany satisfy local and state goals established to mandate waste reduction. By signing this qualification form, you are indicating that you will continue your efforts to reduce the amount of trash your home produces.

ADVISORY: The 10-gallon micro-can reduced collection service will be withdrawn if your residence has frequent overages and/or frequent occurrences of trash placed in your recycling or organics cart.

Resident's Signature: _____ Date: _____

Address _____ Phone # _____

Office Use: Account # _____ Date approved: _____