



CITY OF INDUSTRY

Incorporated 1957

SOLID WASTE GENERATOR REGISTRATION - (Form 104)

GENERATOR INFORMATION: (PLEASE TYPE OR PRINT)

*Company Name: _____

*Site Address: _____ *City: City of Industry State: California

*Zip Code: _____

*Mailing Address: _____ *City: _____ *State: _____

*Zip Code: _____

*Primary Contact: _____ *Phone: _____

*Email: _____ *Title: _____

Secondary Contact: _____ Phone: _____

Email: _____ Title: _____

*** Required Information** *I opt-out of receiving City of Industry official information via email.*

- Does your location have an existing “Commercial Recycling Program” serviced by a collector? **Yes** **No**
- Does your location have an existing “Organics Recycling Program” serviced by a collector? **Yes** **No**
- If you answered yes to either 1 or 2 above, please identify your collector(s): _____
(Then check the option “C” below)
- If you answered “NO” to either 1 or 2, please identify either option “A” or “B” for managing your recyclable materials.

Chapter 8.20 of the City of Industry Municipal Code requires that **each business** located in the City **register** as a solid waste generator (trash/rubbish/refuse) and choose between the three options below (A, B, or C) for the collection of recyclable materials generated on site.

Please indicate your preferred option for managing recyclables:

- A) Solid Waste Option** – The generator may include the recyclable materials with their solid waste disposal through Valley Vista Services. Valley Vista will separate, recycle, and prepare the required reports.
- B) Self-Haul Option** – The generator may obtain a self-haul permit and assume full responsibility for placing the recyclable materials in approved bins, hauling the materials, and preparing the required monthly reports. Self-haulers must obtain a Self-Haul Permit from the City and haul the recyclable materials to a registered recycling facility.
- C) Recyclable Collector Option** – The generator may contract with one of the City’s permitted collectors to recycle the material(s) per the requirements of chapter 8.20 of the I.M.C.

Name: _____ Title: _____

Signature: _____ Date: _____

Please remit via fax to: (866) 963-0137, or email: info@WasteSystemsTech.com, or
Mail to: City of Industry, P.O. Box 3366, City of Industry, California 91744-0366