



We understand that you are trying to reduce the quantity of trash that you bring into and produce in your home and that you may qualify to receive the reduced ten-gallon trash service level. The reduced service collection 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 return this form to the City of Ukiah, Attention: Public Works Department.
(Address at bottom of last page.)

Name: _____

Address: _____

Email: _____

Do you Compost at Your Home? YES____ NO____

Number of Individuals in Household*_____

*Generally, not appropriate for a household of three or more individuals.

Sections 1 & 2 have additional space on page three if needed.

Section 1

What are you currently doing to reduce waste?

Please list at least five activities, if possible:

1. _____
2. _____
3. _____
4. _____
5. _____

Section 2

Please describe your consumer purchasing habits that reduce waste.

Please list at least three practices, if possible:

1. _____
2. _____
3. _____

Contact: Public Works Department, Seth Strader
Department Analystsstrader@cityofukiah.com 707-467-5719
300 Seminary Avenue • Ukiah • CA • 95482-5400

Please provide the following:

I estimate that, each week, I place acceptable material into the curbside totes that fills the space equal to the following number of gallons:

Grey Tote _____gallons Blue Tote _____gallons Green Tote _____gallons

Applications will be reviewed by the Publics Works Department and the Director will determine your eligibility. You will be notified in ten days if you are approved or not.

Advisory: The ten-gallon reduced collection service will be withdrawn for a minimum of two years if your residence has any overages and/ or any occurrences of trash placed in your recycling or mixed organics totes.

I confirm that to the best of my knowledge and belief that the information I have provided to the City of Ukiah on this application to apply for the reduced ten-gallon rate is true and correct.

Resident signature _____ Print Name _____

Office Use: Account# _____ Approved _____ Not Approved _____

Date _____

When complete, please return form to the City of Ukiah. Attention: Public Works Department

Note: Reduced Service level rate will not be effective until at least one billing cycle after approval date.

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Additional Comments-Section 1

Additional Comments-Section 2



City of Ukiah

The scorer should give weight to the desirable concepts of REDUCE, REUSE, RECYCLE in that order of merit in assigning scores below.

Applicant: _____

Date Applied:_____

Do you compost at Home?

Yes

No

| Possible | Score | Max |
|----------|-------|-----|
| 10 | | 10 |
| 0 | | |

Number in household

10 points possible

1 person

2 people

3 people

| | | |
|----|--|----|
| 10 | | 10 |
| 5 | | |
| 0 | | |

What are you currently doing to reduce waste?

50 points possible

| | | |
|----|--|----|
| 10 | | |
| 10 | | |
| 10 | | |
| 10 | | |
| 10 | | 50 |

Please describe your consumer purchasing habits.

30 points possible

| | | |
|----|----------|------------|
| 10 | | |
| 10 | | |
| 10 | | 30 |
| | 0 | 100 |

Approve = 75 points and over

Deny = 74 points and under

Approve ☐

Deny ☐

Public Works Director: _____ Date: _____

Tim Eriksen