



PUBLIC WORKS

CITY HALL: 150 N. CAPITOL BLVD | MAIL: PO BOX 500, BOISE, ID 83701-0500
CURB IT: 208-608-7136 | TTY: 800-377-3529 | CITYOFBOISE.ORG/CURB-IT

SERVICE INFORMATION FORM

COMMERCIAL ORGANIC WASTE SERVICE PROVIDER

Any person collecting commercial organic waste using solid waste containers in the City of Boise is required to submit this registration form to the City of Boise at least thirty days prior to starting service. All commercial organic waste service providers must abide by the applicable requirements of the Solid Waste Services Ordinance found in Boise City Code Title 10, Chapter 4. The information on this form must be updated annually by the commercial organic waste service provider and submitted to the City of Boise Public Works Department. All sections must be completed for the form to be accepted.

PRIMARY CONTACT OR OWNER INFORMATION

First Name: _____

Last Name: _____

Company Name: _____

Email: _____

Work Phone: _____

Cell Phone: _____

BUSINESS/SERVICE INFORMATION

DAYS OF OPERATION/SERVICE HOURS

Check all planned days of operation in the city on the first line, then list expected hours of operation on the line below.

	MON	TUES	WED	THURS	FRI	SAT	SUN
Planned Days of Operation							
Expected Service Hours (e.g. 8AM-5PM)							

COLLECTION VEHICLE INFORMATION

List all vehicles which will be used to haul Commercial Organic Waste in Boise.

	LICENSE PLATE NO.	RATED CAPACITY (CUBIC YARDS)	MAKE/MODEL	TARE WEIGHT (LBS)	VIN NUMBER
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Note: If your company has more vehicles operating locally than can be listed in the table above, please include an attachment with a full list of vehicle information.

CONTAINER INFORMATION

List all container types which will be used to collect Commercial Organic Waste in Boise. All containers must be clearly labeled with the company name and phone number.

	CONTAINER TYPE (e.g., cart, dumpster, roll-off)	SIZE (gallons or CY)	CONTAINER MATERIAL (e.g., plastic, steel)	LID (Y/N)	APPROX. NUMBER
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Note: If your company has more container types in operation locally than can be listed in the table above, please include an attachment with a full list of container information.

ACCEPTED MATERIALS

Please indicate which material type(s) your company plans to collect

FOOD & PACKAGING WASTE	FARM & GARDEN WASTE
<input type="checkbox"/> Fruit & Veggie Scraps	<input type="checkbox"/> Manure: List type(s) _____
<input type="checkbox"/> Grains & Breads	<input type="checkbox"/> Crop Residues
<input type="checkbox"/> Dairy	<input type="checkbox"/> Hay, Straw & Silage
<input type="checkbox"/> Meat	<input type="checkbox"/> Bark, Sawdust & Wood Chips
<input type="checkbox"/> Fats, Oils & Grease	<input type="checkbox"/> Leaves
<input type="checkbox"/> Eggshells & Coffee Grounds	<input type="checkbox"/> Garden Waste (e.g., branches, plant waste)
<input type="checkbox"/> Food Processing Wastes (e.g., spent grain, beet pulp)	<input type="checkbox"/> Grass Clippings
<input type="checkbox"/> Slaughterhouse & Meat or Fish Packing Waste	<input type="checkbox"/> Other (please list) _____
<input type="checkbox"/> Liquid Waste: List Type(s) _____	<input type="checkbox"/> Other (please list) _____
<input type="checkbox"/> Newspaper & Cardboard	<input type="checkbox"/> Other (please list) _____
<input type="checkbox"/> Compostable Products (e.g., compostable plastic cutlery)	<input type="checkbox"/> Other (please list) _____

PROCESSING METHODS

Please indicate which organics recycling method(s) will be utilized.

- Animal feed
- Anaerobic Digestion
- Composting
- Other, please specify: _____

APPLICANT ACKNOWLEDGEMENT

I have completed the above checklist by submitting all required items and supporting documents. Any changes to the information in the application, including accepted materials and disposal location/method will be reported in the annual notification form within 30 days of the original accepted date.

Applicant Signature: _____ Date: _____

Printed Name of Above Applicant: _____

Thank you. Please upload this Service Information Form to your online Commercial Organic Waste Service Provider Application.

FOR STAFF USE (PAPER SUBMITTAL)

- Accepted
- Not Accepted

_____ by _____
Date Materials Management Programs Manager