

CASTRO VALLEY SANITARY DISTRICT

"4R BUSINESS, 4R PLANET" PROGRAM APPLICATION

With the "4R Business, 4R Planet" award program, high-performance recyclers get the recognition they deserve for being a company where green practices are business as usual. Businesses and organizations that recycle start down the path to becoming "4R Stars," earning 1 Star. They can go on to collect 3 more Stars by implementing additional waste reduction programs. To earn these additional stars, please complete the application below. (If you have not yet earned your 1st R for beginning the basic recycling program, please contact Waste Management of Alameda County, Inc. (WMAC) at 510-613-8751 to schedule your free site assessment.)

Date: ___/___/___ **Name:** _____ **Phone:** (____) _____-

Company/Organization (as it will appear on Certificate): _____

I would like my certificate: Mailed Hand-delivered Presented to me at a CVSD Board Meeting

Address to mail Certificate (if applicable): _____

City: _____ **State:** _____ **Zip:** _____

Has your company or organization already earned any "R Stars" (besides the 1st R for Recycling)?

Yes No

If Yes, please tell us which one(s) and when it was awarded:

2nd R (Reuse) Date: ___/___/___ Please briefly describe: _____

If No, please briefly describe your plan to achieve the 2nd R Star: _____

3rd R (Reduce) Date: ___/___/___ Please briefly describe: _____

If No, please briefly describe your plan to achieve the 3rd R Star: _____

4th R (Rot, Represent, Replicate, Reciprocate) Date: ___/___/___

Please briefly describe: _____

If No, please briefly describe your plan to achieve the 4th R Star: _____

Do you have supporting documentation to show that the program described above is in place?

Yes No If Yes, please describe and attach to this form: _____

I certify that all of the above and attached are true and authentic. I also agree to support the continuation of our 4R program(s) to the best of my ability. I understand that CVSD staff is available if I need assistance to continue or grow the program(s).

Print Name: _____ **Initial:** _____ **Date:** ___/___/___

Thank You! Please submit this application to the WMAC Recycling Coordinator at the time of your site visit or to Castro Valley Sanitary District by mail, fax, or drop-off:

21040 Marshall Street, Castro Valley, CA 94546-6020

fax 510-537-1312, phone 510-537-0757, www.cvsan.org.



Companies/organizations who have achieved all 4 Stars will be contacted within 15 business days regarding placing a reward advertisement in the local newspaper, with a Certificate to follow.