

Notification of Stewardship Plan Operator

I represent the company identified below and am authorized to act on its behalf in relation to compliance with the California local government ordinances indicated below. Contact information for my company, including a contact person is as follows:

Signature of Authorized Company Representative

Date

Printed Name of Authorized Company Representative

Title

Company Name: _____

Contact Person: _____ Title: _____

Address: _____

Email: _____ Telephone: _____

Designated Stewardship Plan Operator

Operator Name: _____

Contact Person: _____ Title: _____

Address: _____

Email: _____ Telephone: _____

Our company designates the above Stewardship Plan Operator for: *(check all that apply)*

City and County of San Francisco – compliance date: February 28, 2016 (extended)
San Francisco Safe Drug Disposal Stewardship Ordinance, Section 2203(e)(1)

County of San Mateo – compliance date: February 28, 2016
County of San Mateo Safe Medicine Disposal Ordinance, Section 4.116.030(e)(1)

County of Santa Clara – compliance date: April 23, 2016
County of Santa Clara, Safe Drug Disposal Ordinance, Ordinance No. NS-517.89, Section N11-541 (f) (1)

County of Marin– compliance date: June 11, 2016
Marin County Safe Drug Disposal Ordinance, Section 7.90.040(F)(1)