



Ventura County Environmental Health Division
800 S. Victoria Ave., Ventura CA 93009-1730
TELEPHONE: 805/654-2813 or FAX: 805/654-2480
<https://vcrma.org/divisions/environmental-health>

VENTURA COUNTY WASTE RECEIPT QUESTIONNAIRE

Name of Facility: _____ FA ID # _____

Street Address: _____

City: _____ Zip Code: _____

Email: _____ Phone: _____

COMPLETE THE INFORMATION BELOW AND SUBMIT PRIOR TO THE DUE DATE:

For Solid Waste Facilities and Operations - Yes No **Due Date: 15th of the Following Month**

1. _____ MONTH (when Solid Waste is disposed/handled/processed and/or exported)
2. _____ (Tons / Cubic Yards) TOTAL Quantity of Solid Waste disposed/handled/processed and/or exported

For Solid Waste Collectors (Haulers) - Yes No **Due Date: See Due Dates Below**

3. FIRST QUARTER SECOND QUARTER THIRD QUARTER FOURTH QUARTER
(Due October 15th) (Due January 15th) (Due April 15th) (Due July 15th)
4. _____ (Tons / Cubic Yards) TOTAL Quantity of Solid Waste Collected During the Quarter
5. _____ (Tons / Cubic Yards) TOTAL Quantity of Solid Waste Disposed of Within Ventura County
6. _____ (Tons / Cubic Yards) TOTAL Quantity of Solid Waste Transported Outside of Ventura County

***For the purposes of this questionnaire, SOLID WASTE shall include all solid waste and recyclable material, whether or not separated or commingled upon receipt by the collector.**

PREPARED BY (Please Print): _____ **DATE:** _____

(Please check box) I have reviewed this questionnaire and declare under penalty of perjury that the information herein is true and correct to the best of my knowledge.

SIGNATURE: _____ **DATE:** _____

PLEASE RETURN TO: Ventura County Environmental Health Division Office: (805) 654-2813
Local Enforcement Agency (LEA) Fax: (805) 654-2480
800 S. Victoria Avenue SolidWasteWRQ@ventura.org
Ventura, CA 93009-1730