

County of Sacramento
Department of Waste Management and Recycling



Request for Commercial Waste Account Assistance

Business Name:

Business Address:

Contact Name:

Email:

Phone:

Any other Addresses or Contact Names associated with this request:

Hauler Name:

Account Number:

Account Representative:

Summary of Issues. Please be specific and include dates:

- Save this form.
- Attach this form, any email correspondence about this issue between you and the hauler and your service agreement with the hauler, if you have a copy*.
- Email everything to **CommercialWaste@saccounty.gov**

***If you do not have a copy of your service agreement we recommend you email your hauler and ask for a copy. They are required to send it to you within 5 business days. You can still submit this request for assistance without a copy of your service agreement.**