



Ventura County Environmental Health Division
800 S. Victoria Ave., Ventura CA 93009-1730
TELEPHONE: 805/654-2813 or FAX: 805/654-2480
Web Site Address: www.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
Local Enforcement Agency (LEA)
800 S. Victoria Avenue
Ventura, CA 93009-1730
Office: (805) 654-2813
Fax: (805) 654-2480
SolidWasteWRQ@venturacounty.gov