

Person Requesting Waiver

Submitter name and title:	
Submitter phone:	
Submitter email:	

I affirm that I am authorized to submit this request for a waiver on behalf of the business named above.

Signature: _____ Date: _____

If approved, you can fold and display the waiver authorization below.



Waiver for “Reusable Food Service Ware” Requirements

FOR CITY USE ONLY	
Waiver Review:	Approved _____ Denied _____
Waiver Valid Until:	_____
City Manager (or designee) signature:	_____ Date: _____

For more information about the City of Bainbridge Island’s single-use plastic waste reduction regulations, please scan the QR code below or visit www.bainbridgewa.gov/ZeroWaste.

