

## Notification of Participation in Product Stewardship Organization

I represent the company identified below and am authorized to act on its behalf in relation to compliance with the Alameda County Safe Drug Disposal or Consumer-Generated Sharps Disposal Ordinances. Contact information for my company, including the contact person at my company, is identified below. Our company will be participating in the Product Stewardship Organization Identified below.

\_\_\_\_\_  
Signature of Authorized Company Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

**Company Name:**

\_\_\_\_\_

**Company Address:**

\_\_\_\_\_

\_\_\_\_\_

**Affiliated Companies and Addresses:** (submit as attachment if needed)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Company Contact Information**

Contact Person (at Company):

\_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**Product Stewardship Organization ("PSO")**

\_\_\_\_\_

**PSO Contact Information**

Contact Person (at PSO) / Plan Liaison

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

Telephone Number: \_\_\_\_\_