Food Service Waste Reduction Ordinance
Request for Re-Inspection or Appeal of Notice of Warning

Date: ______________________________

Please check applicable section.

☐ _________________ is now in compliance with Ordinance 295-06, Section 1603, and does not use polystyrene foam (e.g., Styrofoam™) products. I request an inspection for verification.

☐ _________________ is in the process of changing products to be in compliance with Ordinance 295-06, and declares that no polystyrene foam (e.g., Styrofoam™) products will be used by __________. I request an inspection for verification.

☐ This is an appeal of Warning No. __________, dated __________. (Please note that a hearing before Hearing Officer will be scheduled on this matter which you are required to attend. You will be notified by letter of the date, time, and location of this hearing.)

Comments:
______________________________________________________________________________
______________________________________________________________________________

☐ _________________ has applied for a hardship waiver (date _____________________), which the decision is pending.

Appellant contact Information

Name: ____________________ or authorized agent (Print Name)
Business Name: _________________________________
Mailing Address: _________________________________
Mailing Address if different than above:
_______________________________________________________________
(Street Address, City, State, Zip)

Day Time Phone Number: _______________________________________________________________

Signature  Title

Please complete, sign, and return this appeal form via U.S. mail, Fax (415) 554-4849, or email at city.administrator@sfgov.org. This document must be received by _____________, the due date on your Notice of Warning.

Edwin M. Lee
City Administrator
City Hall, Room 362
1 Dr. Carlton B. Goodlett Place
San Francisco, CA  94102

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