

## Notification of Change in Stewardship Plan Operator

I represent the company identified below and am authorized to act on its behalf in relation to compliance with the San Francisco Safe Drug Disposal Stewardship Ordinance, Section 2200 of the San Francisco Environment Code.

Contact information for my company, including a contact person, is as follows:

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Authorized Company Representative

\_\_\_\_\_  
Title

Company Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

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

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

### Current Designated Stewardship Plan Operator

Operator Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

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

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

Date of Initial Notice to Department: \_\_\_\_\_

### Proposed (New) Designated Stewardship Plan Operator

Operator Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

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

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

### Effective Date of Change (mark one):

Upon New Plan Approval

As of (date): \_\_\_\_\_