



REQUEST FOR WAIVER OF THE ELIMINATION OF SINGLE USE PLASTIC BAGS

Name of Business: _____

Business Address: _____

Business Phone: _____

Primary Point of Contact:

Name: _____

Email: _____

Exemption Requested:

Please describe in detail the reason for your request to be exempted from the City of Camden ordinance regarding single use plastic bags. Please provide any additional documentation to support your request. It is the sole discretion of the City Manager to approve or deny any waiver of compliance.

Please submit to Assistant City Manager Caitlin Young at City Hall or at cyoung@camdensc.org.

For Internal Purposes: **Approved** **Denied**

_____ Date