WASTE AUDIT AUTHORIZATION

Property Owner Authorization

The undersigned hereby authorizes **The O'Keefe Group, LLC ("TOG")** to conduct a comprehensive Waste Management Audit on behalf of the property owner for the property identified below.

The purpose of this audit is to review current waste and recycling services, verify service levels, evaluate vendor performance, identify billing discrepancies, assess contract compliance, and provide recommendations for operational and financial improvements.

As part of this review, TOG is authorized to request, receive, review, and analyze any records relating to the property's waste and recycling program, including, but not limited to:

- Service agreements and contracts
- Amendments and renewals
- Monthly invoices and account statements
- Recycling and diversion reports
- Weight tickets and scale records
- Route service records
- Service schedules and frequency reports
- Equipment inventories
- Customer account history
- Credits, adjustments, and refund records
- Container service logs
- Any other documentation reasonably necessary to complete the audit

Vendor Cooperation

Current waste, recycling, equipment, maintenance, and related service providers are requested to provide the requested information within **seven (7) calendar days** of receiving TOG's written request.

Questions regarding this authorization or requests for documentation should be directed to:

The O'Keefe Group, LLC (TOG)

Email: **advisor@tog.us.com**

During the audit process, vendors are respectfully requested to communicate directly with TOG and refrain from contacting on-site property management regarding this audit unless specifically requested by the property owner.

This authorization is limited solely to the collection and review of information necessary to complete the Waste Management Audit. It does not authorize TOG to modify, terminate, or renew any existing agreement without the express written approval of the property owner.

Current Waste Service Providers

Trash / Solid Waste Vendor: _____

Account Number: _____

Primary Contact: _____

Direct Telephone: _____

Email Address: _____

Property Information

Property Name: _____

☐ **This authorization applies to all properties owned or managed by the undersigned.**

Property Manager: _____

Management Company: _____

Property Address: _____

Authorization

Effective Date: _____ / _____ / _____

This authorization shall remain in effect until the completion of the Waste Management Audit unless revoked in writing by the property owner.

Property Owner / Authorized Representative

Owner / Company: _____

Authorized Representative: _____

Title: _____

Signature: _____ Date: _____