EVENT RECYCLING CONTAINER RESERVATION REQUEST FORM

TODAY’S DATE: ________________

NAME OF ORGANIZATION: ____________________________________________

SPECIAL EVENT NAME: ________________________________________________

EVENT DATE (S): ______________________________________________________

ESTIMATED ATTENDEES: _________ Number of Recycling Containers requested: _________

PICK UP DATE: _______________________ RETURN DATE: ________________

Print Contact Name: ____________________________________________________

Phone Number(s): ______________________________________________________

E-mail: __________________________________________________________________

How did you hear about this program?
☐ Friend ☐ Newspaper ☐ Radio ☐ Website ☐ Other Event ☐ Other: ________________

AGREEMENT:
CONTAINERS WILL BE PICKED UP & DROPPED OFF AT COUNTY OF HAWAII SOLID WASTE OFFICE CLEANS AND IN SAME CONDITION WHEN RETURNED. PICK UP AND DROP OFF IS ON TUESDAYS AND THURSDAYS ONLY, PLEASE CONTACT OR CALL BEFORE PICKING UP AND DROPPING OFF BINS TO ENSURE STAFF ARE AVAILABLE.

Contact Signature ___________________________________________________________________________ Date of Signature ______________________________________________________________________

Please email or fax signed agreement to:
• West/North Hawai’i: Sherri Izuno, Sherri.Izuno@hawaiicounty.gov Fax: 323-4417 PH: 323-4416
• East/South Hawai’i: Craig Kawaguchi, Craig.Kawaguchi@hawaiicounty.gov Fax 961-8553 PH: 961-8549

Recycling Containers provided by funds from the State Department of Health HI-5 beverage deposit container program. Reservations are subject to availability.