



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 CLEANED 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.

