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:

• 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.