



# 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.*

