

SPECIAL EVENT RECYCLING CLEARSTREAM RECYCLING CONTAINER RESERVATION AGREEMENT & CONFIRMATION

TODAY'S DATE: _____

ORGANIZATION: _____

CONTACT NAME: _____

CONTACT TITLE: _____

I AGREE TO THE FOLLOWING CONDITIONS BELOW FOR LOAN OF
THE CLEARSTREAM RECYCLING CONTAINERS FOR:



EVENT NAME: _____

EVENT DATE (S): _____

NUMBER OF RECYCLING CONTAINERS: _____

CONDITIONS:

- 1) CONTAINERS TO BE PICKED UP FROM COUNTY OF HAWAII SOLID WASTE DIVISION OFFICE, 108 RAILROAD AVENUE, HILO, HI ON (DATE/TIME) _____ AND RETURNED TO THE SAME OFFICE ON (DATE/TIME) _____
- 2) CONTAINERS WILL BE CLEANED AND IN SAME CONDITION WHEN RETURNED.
- 3) I WILL BE RESPONSIBLE FOR REDEEMING ALL THE HI5 BEVERAGE CONTAINERS COLLECTED DURING THE EVENT.
- 4) IF THE CONTAINERS ARE LOST OR DAMAGED, I AGREE TO PAY THE COUNTY OF HAWAII \$50.00 REPLACEMENT COST.

SIGNATURE: _____

Your reservation is confirmed upon receipt of the signed agreement.

For more information, please call the Recycling Office at 961-8527.

EMAIL / FAX AGREEMENT TO:

Rebekah Sluss, rsluss@co.hawaii.hi.us or 961-8553 (East & South Hawai'i)
Angela Kang, akang@co.hawaii.hi.us or 327-3714 (West & North Hawai'i)

