

## **Special Event Recycling Container Request Form**

Please complete and return via fax to 613-735-1837 or e-mail to info@ovwrc.com

Name of Eve	ent:		
Event Date(	s):		
Event Locat	ion and Address:		
Contact Nar	me: Contact	Phone Number:	
Expected Pi	ck-Up Date for Containers:		
Item	Description	Number Available	Number Requested
Transition of the state of the	Clearstream®Portable Folding Recycling Containers	14	
	32 Gallon Blue Recycling Containers	46	
100 mg	"This Event Recycles" Banner and Banner stand	4	
<ul> <li>(incluing the per continuous)</li> <li>in the per continuous</li> <li>the One saved arising on the from the month of the month</li></ul>	ecycling collection containers shall be return ding no holes, tape, paint, etc.) within two dilables will be collected in clear plastic bags (container; organizers are responsible for replate event of lost, stolen or damaged container ontainer; \$260 + HST per sign of lower shall not be held liable or responsional harmless for any damage to or loss of program any way, as a result of the presence and the above-captioned location/event, except with the negligence of the OVWRC; naterials contained within the recycling collecting fees for non-partner material will apply); different material be deemed too contaminated for will be applied.	ays of the completion of please note, the Centre cement bags); rs/signs the borrower while and shall be released perty or injury (including /or movement of recyclicyhere such damage, loss ction containers will be derecycling, it may be refu	the event; provides one plastic bag fill be charged \$80 + HST ed and indemnified and ng death) to any person ng collection containers, or injury arises directly elivered to the OVWRC
Contact I	Name (Printed):		
Contact S	Signature:		Date:
Office Use Picked Up	<b>Only:</b> By: Date:	Signature:	
	nployee Signature:		
Date Conta	ainers Returned:	OVWRC Employee Initi	als:
Container I	Defects: 🛘 None or		

Last Reviewed: June 2017