



iam eco
acc recycling division

Event Recycling Bin Checkout Form

Please scan and email to cema.wallace@athensclarkecounty.com

Name: _____

Phone Number: _____

Email: _____

Name of Event: _____

Of containers requested: _____

Pick Up Date: _____

Return Date: _____

Comments:

Read agreement statement below, sign and date.

By signing below, I agree to return the bins at the date written above between the hours of 8 AM and 5 PM. I also agree to **let reception know** that I have returned the bins and left them in the foyer for Cema Wallace, the program education specialist. In the event that a bin is damaged or lost, I agree to pay **\$50.00** per lost or damaged container for its replacement or repair.

Signature: _____ **Date:** _____

Thank you for recycling!

Cema F. Wallace, Program Education Specialist

For Office Use Only:

of bins borrowed: _____

Checked for damage: yes no

of bins returned: _____

Received by: _____ Date: _____