



**iam eco**  
acc recycling division

## Event Recycling Bin Checkout Form

Please scan and email to [cema.wallace@athensclarkecounty.com](mailto: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: \_\_\_\_\_