



Leon County Recycling
Solid Waste Management Facility

For Office Use Only	
app. received	_____
P/U date/time	_____
# of containers	_____
Return date/time	_____
# bins returned	_____

Special Events Recycling/Trash Kit Application

Event _____ Event Date _____

Event Venue _____

Event Address _____

Event City, Zip _____

Organization _____

Organization's Mailing Address _____ City, Zip _____

Organization's Phone _____ Fax _____

Contact Person _____ Phone _____

Email _____ Website _____

Event Description _____

Time of Event _____ # of Event Participants _____

Pick Up Date/Time _____ # of Recycle Bins Requested _____ (max 24)

Return Date/Time _____ # of Trash Bins Requested _____ (max 5)
(one business day after event).

Please **read**, initial and sign.

_____ (initial) *I certify that I am an authorized representative of the above organization, and that the above statement is true to the best of my knowledge. I have received a copy of the Special Events Recycling Guidelines and I, and/or the organization I represent, agree to be bound by all applicable regulations and policies.*

_____ (initial) *I understand the equipment must be returned **one business day** after the event to Leon County Recycling at 7550 Apalachee Parkway.*

_____ (initial) *Equipment will be returned by or before _____.*

_____ (initial) ***I understand that missing, damaged or lost pieces will be replaced by my organization at a cost of \$65.00 per unit.***

_____ (initial) *Event volunteers will secure bags (tie) with recyclables and place in the green recycling container (if available) or bring to a Rural Waste Recycling Center.*

Signature _____ Date _____