

Pick up time/location: _____

Return time/location: _____



City of Spokane Solid Waste Department · 2900 S. Geiger Blvd., Spokane, WA 99224
Phone: (509) 625-6580 · Fax: (509) 625-6537 · EventRecycling@spokanecity.org

Event Recycling Equipment Request Form and Agreement

Please Complete Both Sides

Event Name: _____

Event Description: _____

Event Date(s): _____

Event Location: _____

Event Main Contact: _____

Contact Mailing Address: _____

Phone: Day _____ Evening/Weekend _____

Fax: _____ Email: _____

Item	Number Requested	Cost
Containers	Recyclables = _____	10 or less Containers: \$50.00 deposit More than 10 Containers: \$100.00 deposit
	Compostables = _____	
Signage	Recyclables = _____	
	Compostables = _____	
Bags	Recyclables = _____	50 bags or less: no charge More than 50 bags: \$.50 each
	Compostables = _____	

Check one box below for preferred method of payment:

Check. Please make checks payable to **Spokane Hoopfest Association.**

Invoice (Upon approval). Please fill out the following billing information.

Name of Business or Organization: _____

Billing Address: _____

Billing Contact: _____

Phone: _____ Fax: _____

Email: _____

Event Recycling Terms and Conditions

This Event Recycling Containers program is organized and supported by the City of Spokane, Spokane County, the Spokane Hoopfest Association and the Lilac Bloomsday Association.

1. This Event Recycling Containers Request Form will not be processed until the following have been received and approved by the Spokane Solid Waste Dept. at least 14 days prior to the Event:
 - Completed and signed Event Recycling Containers Request Form and Agreement
 - Deposit check or approval invoice information for recycling containers
 - Payment check for more than 50 bags (made payable to Spokane Hoopfest Association)
2. Your deposit check will be mailed back to the Event Main Contact person upon the return of the Recycling Containers, unused bags AND the submission of the Post Evaluation Form. If the Post Evaluation Form is not submitted within fourteen (14) days after returning the Recycling Containers and unused bags, the deposit check will be forfeited.
3. In the sole discretion of the Event Recycling Containers program personnel, the following deductions will be made from the recycling containers deposit. In the case that the loss, damaged or cleaning amounts exceed the deposit the Event will be invoiced the excess amount due as follows, with all excess amounts due within thirty (30) days from the invoice date:
 - \$20.00/hour cleaning fee if the containers are returned dirty, grungy, and/or unwashed
 - \$20.00 for each lost or significantly damaged lid
 - \$50.00 for each lost or significantly damaged container
4. Event personnel are responsible for the pick up and return of all Recycling Containers and unused bags. Pick up and return times and location will be coordinated after your request is received. All Recycling Containers must be returned whole, in good and clean condition, and on the date agreed to.

Agreement

I certify that I am an authorized representative for the above organization, and that the above statements are true to the best of my knowledge. I have received a copy of this Event Recycling Request Form and Agreement, and I and the organization I represent agree to be bound by said terms and conditions and all applicable regulations and policies. I and the organization I represent understand that any violation of any of this Agreement will result in forfeiture of the deposit and immediate termination of the equipment usage. I and the organization I represent agree to indemnify, defend, and hold harmless Spokane County Regional Solid Waste System and City of Spokane, the Spokane Hoopfest Association and the Lilac Bloomsday Association, and the officials, agents, and employees of each of them, against any and all claims, damages, losses, and expenses, including legal fees arising out of or in any way associated with the use of this equipment.

By signing this form, I/my organization agree to all terms and conditions of the program as described on this form and website www.spokanecity.org.

Signature _____ Date _____

Print Name and Title: _____

Office Use	
Application Received _____	Approved _____
Denied/Reason _____	Notified _____
Deposit Received/Amount _____	Returned/Amount _____
Bag Sales Received/Amount _____	Contact Name _____
Pickup/Return: _____	Contact Phone _____