

**RECYCLING SERVICE REQUESTS**NAME DEPT. BUILDING PHONE ROOM # ***Please select type of Request:*** **Overflowing Bin**

Building / Location

 **Special Office Pickup**

Location/Room No. of Pickup

Date Pickup Needed

Type of Material for Pickup

- Paper   
  Cardboard   
  Bottles/Cans   
  Ink/Toner Cartridges  
 Furniture   
 Other

 **Recycling for an Event**

Name of Event

Event Dates

Event Location

Number of Containers Needed

Portable Event Trailer     Yes     No **Request for Desk Containers** (Containers are provided at no charge to departments)*Please provide Number of Containers Needed*

7 Gal. Blue Container

12 Gal. Blue Container