

RECYCLING SERVICE REQUESTSNAME 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