# 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:**

**Fax:**

**Email:**

Choose 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:**

<table>
<thead>
<tr>
<th>Item</th>
<th>Number Requested</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Containers</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recyclables =</td>
<td>[ ]</td>
<td>10 or less Containers: $50.00 deposit</td>
</tr>
<tr>
<td>Compostables =</td>
<td>[ ]</td>
<td>More than 10 Containers: $100.00 deposit</td>
</tr>
<tr>
<td><strong>Signage</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recyclables =</td>
<td>[ ]</td>
<td></td>
</tr>
<tr>
<td>Compostables =</td>
<td>[ ]</td>
<td></td>
</tr>
<tr>
<td><strong>Bags</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recyclables =</td>
<td>[ ]</td>
<td>50 bags or less: no charge</td>
</tr>
<tr>
<td>Compostables =</td>
<td>[ ]</td>
<td>More than 50 bags: $.50 each</td>
</tr>
</tbody>
</table>

**Check pick up time/location:**

**Return time/location:**
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 _________________________