

RESERVATION REQUEST

• Fax 541-506-2601 Email lauriej@co.wasco.or.us Or contact Laurie Jupe at 541-506-2619 •



# Tri-County

Hazardous Waste & Recycling Program

## ClearStream® Container Lending Program

Where did you hear about our program? \_\_\_\_\_

### ABOUT YOUR EVENT

Title: \_\_\_\_\_ Date(s): \_\_\_\_\_

Location (include city): \_\_\_\_\_

Estimated attendance: \_\_\_\_\_ Estimated # of garbage cans: \_\_\_\_\_

What is your plan for disposing of the recyclables and returnables collected:  
(Please see brochure if you need help with this question.)

### CONTAINER REQUEST

Number of containers requested: \_\_\_\_\_

Number of clear recycle bags requested: \_\_\_\_\_

5 bags per container FREE / Additional \$.50 each

### CONTACT INFORMATION

Sponsoring or promoting organization: \_\_\_\_\_

Address: \_\_\_\_\_

Contact person: \_\_\_\_\_

Email: \_\_\_\_\_ Phone numbers (Work): \_\_\_\_\_

(Home): \_\_\_\_\_ (Cell): \_\_\_\_\_

### CHECK-OUT & CHECK-IN INFO

I would like to pick the containers up on (DATE & TIME): \_\_\_\_\_

I would like to return the containers on (DATE & TIME): \_\_\_\_\_

### LIABILITY INFORMATION

Organization's insurance carrier: \_\_\_\_\_

Policy number: \_\_\_\_\_

Agency name/phone number: \_\_\_\_\_

**All containers & unused bags must be returned within 2 days of the event. Bin frame and cover MUST be cleaned prior to return. A refundable holding fee of \$50 per clearstream rented is required. By signing below I assume full responsibility for the return of the number of units borrowed. I agree to pay a \$10 charge for each unit returned without first being cleaned. I agree to pay a \$50 charge for each unit lost, stolen or damaged and I further agree to submit a claim to my insurance carrier, if needed. Please make all checks payable to Tri-County. By signing this form, I agree to these terms.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

# CHECK-OUT

## • COMPLETE THIS SECTION AT CHECK-OUT •

Check-out date: \_\_\_\_\_ Picked up by: \_\_\_\_\_

TriCo staff member: \_\_\_\_\_

Number of Clearstream CycleMax containers (bin frame + cover): \_\_\_\_\_

Condition:  Good OR  Some damage (describe any damage below):  
\_\_\_\_\_  
\_\_\_\_\_

Number of FREE (5 per container) clear plastic bags: \_\_\_\_\_

Additional bags \_\_\_\_\_ @ \$.50 each (not refundable): \$ \_\_\_\_\_

Payment method (if extra bags purchased):  Cash OR  Check

### Please read before signing:

**All containers & unused bags must be returned within 2 days of the event. Bin frame and cover MUST be cleaned prior to return. A refundable holding fee of \$50 each is required. By signing below I agree with the amount and condition of the containers stated on this form and I assume full responsibility for the return of the number of units borrowed. I agree to pay a \$10 charge for each unit returned without first being cleaned. I agree to pay \$50 per each unit lost, stolen or damaged and I further agree to submit a claim to my insurance carrier, if needed. Please make all checks out to Tri-County. By signing this form, I agree to these terms.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

# CHECK-IN

## • COMPLETE THIS SECTION AT CHECK-IN •

Check-in date: \_\_\_\_\_ Returned by: \_\_\_\_\_

TriCo staff member: \_\_\_\_\_

Number of containers (bin frame + cover) returned: \_\_\_\_\_

Checked-in EQUALS checked out OR

Missing (how many?) \_\_\_\_\_ X \$50 per unit = \$ \_\_\_\_\_

Condition:  Good OR  Some damage (describe any damage below):  
\_\_\_\_\_  
\_\_\_\_\_

Charge for damage?  Unsure (will check)  No  Yes (amount) \$ \_\_\_\_\_

Returned  Clean (how many) \_\_\_\_\_

Dirty (how many) \_\_\_\_\_ X \$10 per unit = \$ \_\_\_\_\_

Number of clear recycle bags returned (not refundable): \_\_\_\_\_

Total charges (if any): \$ \_\_\_\_\_  Paid OR  Send Invoice

How did this program help your event/ estimated volume of recyclables:  
\_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_