



# Oswego County Department of Solid Waste



**Recycling Program, 3125 State Route 3, Fulton, NY 13069, 591-9200**

## SPECIAL EVENT RECYCLING CONTAINERS LOAN APPLICATION AND AGREEMENT FORM

Please complete both pages and send to the above address or fax to 591-9203.

Name of Event: \_\_\_\_\_ Date(s) of Event: \_\_\_\_\_

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

Sponsoring Organization/Association: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Let us help you recycle at your next event!

Briefly provide your events previous recycling history: \_\_\_\_\_

What are you planning to recycle at this event and how will you remove the recyclables from your event site?

Oswego County has recycling containers that are easy to transport, clearly labeled and have transparent bags to make them easy to monitor. Oswego County will loan recycling container units at NO CHARGE. Containers are available, for use, on a first come-first-serve basis. A maximum of 40 recycling can be loaned. The equipment loan is not guaranteed until the application is approved. Please read and initial the following:

- Recycling Containers must be picked up and dropped off at:  
Material Recovery Facility, Bristol Hill, 3125 State Rte 3, Fulton, NY 13069 \_\_\_\_\_
- All Recycling container covers and frames must be cleaned before they are returned. \_\_\_\_\_  
- A \$50.00/hour cleaning fee will be charged for any units that are not clean.
- Missing or damaged recycling units, frames or covers will be charged at \$50 each. \_\_\_\_\_
- Recycling bags will be sold at cost (.42 cents) by the County, payable at the time of pick-up. \_\_\_\_\_

All equipment must be returned in the same manner in which it is received and within three days of events closure. Cleaning fees, costs for missing items and damage, will be charged to the event organizer.

**APPLICATION MUST BE SUBMITTED AT LEAST ONE WEEK BEFORE THE EVENT!**

Please indicate your request:

<b>Number of Recycling Container Units:</b>	Maximum 40 units
<b>Number of Recycling bags:</b>	X .42 each =
<b>Date of pickup:</b>	
<b>Person responsible for pick up:</b>	

**Liability Insurance Information:**

**Name of Insurance Company:** \_\_\_\_\_ **Policy Number:** \_\_\_\_\_

**Agent's Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

Please attach a copy of the certificate of insurance for your special event.

Let us help you recycle at your next event!

I certify that I am an authorized representative of the above organization, and that the above statements are true to the best of my knowledge. I have received a copy of Recycling Receptacle set up instructions and the above guidelines. I and/or the organization I represent, certify that the special event is within Oswego County limits and agree to be bound by all applicable regulations and policies. The Recycling Receptacles are the property of the Oswego County Department of Solid Waste and shall not be modified, loaned or transferred to a third party. I and/or the organization I represent are fully responsible for the handling, loading and transporting of the Recycling Receptacles to and from the Oswego County Bristol Hill location. I and the organization I represent, agree to pay \$50 for each damaged, or missing Recycling Receptacle and cleaning at the \$50/hr fee when returned unclean. I and the organization I represent understand that any violation of any of these agreements will result in immediate termination of the use of equipment. I and the organization I represent agree to indemnify, defend, and hold harmless the County of Oswego, its officials, its agents, and employees against any and all claims, damages, losses, and expenses, including legal fees arising out of or in any way associated with the event or the use of this equipment.

**Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Please print full name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**FOR OFFICE USE**

Application Received _____	Event within County Limits	YES	NO	Approved _____
Denied _____	Reason denied _____			Notified _____

Pick up date: \_\_\_\_\_ Payment for bags is required at pick up, please make check payment to Oswego County Dept. of Solid Waste for \$ \_\_\_\_\_.

Recycling Container Units	
Recycling bags:	
Person/ Staff picking up:	

Please review items and sign for pick up. Signature: \_\_\_\_\_

Returned date: \_\_\_\_\_

Recycling container units must be inspected; number of units condition and cleanliness of all containers:

Returned Recycling Container	# Frames	#Covers
Cleanliness:	Damage or Missing units	
Person/ Staff returning:		

Any damaged, missing or unclean containers will be billed. Please review all the above information and representative from Oswego County and Event Organization must sign below following inspection.

**County Signature:** \_\_\_\_\_ **Organization Signature:** \_\_\_\_\_