

Event Waste Service Request Form

Client Information Event Organizer/Company Name: _____ Primary Contact Name: Phone Number: _____ Email Address: **Event Details** Event Name: __ Event Type: (Corporate, Wedding, Festival, Private Party, etc.) Event Date(s): Event Start Time: _____ Event End Time: _____ Event Location (Full Address): _____ City: _____ State: ____ Zip: _____ Estimated Number of Attendees: _____ **Requested Services** (Check all that apply) [] Trash Bin Rental & Setup [] Recycling Bin Rental & Setup [] Onsite Waste Collection (Staff to Monitor Bins) [] Mid-Event Cleanup [] Post-Event Full Cleanup [] Additional Services (please specify):



Service Details	
Preferred Setup Time:	(hours before event start)
Preferred Cleanup Time:	(hours after event end)
Special Instructions or Notes:	
Authorization	
,	rbanLuxe Waste Butler to provide a customized quote understand that a signed service agreement and deposit
Signature:	
Date:	_