



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): _____

Signature: _____
Date: _____