

St. Croix County Recycling
1960 8th Ave, Suite 140
Baldwin WI 54002
Phone: 715-531-1907
Email: kris.poston@sccwi.gov



Special Event Recycling Bin Reservation Form

Event: _____

Organization: _____

Contact Person: _____

Home Phone: _____ **Work Phone:** _____

Address: _____

Email address: _____

Date bins will be picked up: _____ Date bins will be returned: _____

Number of bins requested: _____ # of units (10 bags/unit) requested: _____

Number of lids requested: _____ Number of stakes requested: _____

Deposit Required

\$50.00 per recycling bin + lid # of bins _____ X \$50.00 = \$ _____

Date Deposit received: _____ Check #: _____

Two bags are furnished per bin. Additional bags are available \$5 for (10) bags.

Please write separate check for additional bags. Check # for additional bags: _____

of additional bag units (10 bags/unit) _____ x \$5.00 = \$ _____

Deposit received by (signature): _____

Make checks payable to: **St. Croix County Recycling**

Special Event Recycling Bin Return Form

Event: _____

Organization: _____

Date Bins Received: _____

Date Bins Returned: _____

of Bins Received: _____

of Bins Returned: _____

of Lids Received: _____

of Lids Returned: _____

of Stakes Received: _____

of Stakes Returned: _____

Condition of Bins & Lids:

of damaged bins: _____

of bins requiring extra cleaning: _____

of damaged lids: _____

of lids requiring extra cleaning: _____

of damaged stakes: _____

of stakes requiring extra cleaning: _____

Replacement Costs:

Frames: \$35.00 each

Frames: \$ _____

Lids: \$15.00 each

Lids: \$ _____

Stakes: \$.50 each

Stakes: \$ _____

Cleaning Charges: *(only if required)*
\$5.00 per bin & lid

Cleaning: \$ _____

Subtotal: \$ _____

Deposit amt: \$ _____

Charge: \$ _____

Refund: \$ _____

Original (uncashed) deposit check returned? YES _____ NO _____ Date: _____

Or date repayment voucher request submitted: _____