

St. Croix County Recycling  
1960 8<sup>th</sup> Ave, Suite 140  
Baldwin WI 54002  
Phone: 715-531-1907  
Email: [kris.poston@sccwi.gov](mailto: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: \_\_\_\_\_