



- 1. Individual checking out ClearStream recycling containers:
- 2. Number of ClearStream recycling containers checking out:
- 3. Lids, note recycle lids or compost lids:
- 4. Hand Cart? (Only with 10 or more ClearStreams)  5. Number of Yard Signs:

I understand the ClearStream recycling containers are to be used for collecting recyclable materials at our community event. The ClearStream recycling containers are provided with the stands, tops, signage and clear bags and are in working condition. I will return the ClearStream containers (cleaned and in good repair) along with any unused bags at the conclusion of our community event. In the event the recycling containers are lost or damaged, I agree to pay the City of Raleigh \$50 each replacement cost. In the event the hand cart is lost or damaged, I agree to pay the City of Raleigh \$500 replacement cost.

I understand I am responsible for taking all recycling materials collected to a recycling facility. (The city offers seven recycling drop off centers. **IMPORTANT: PICK UP AND RETURN HOURS ARE MONDAY - FRIDAY FROM 8 AM – 2:30 PM ONLY!**)

Name of Event	Signature
Date(s) of Event	Address
(     )                      (     )	City, State, Zip
Phone 1                      Phone 2	
Email Address	
SWS Employee Signed Out	Check Out Date <b>Date DUE BACK</b>

**FOR USE BY SWS STAFF ONLY:**

Request Received By: \_\_\_\_\_  
*SWS Employee Initials*

Checked Availability on SWS Calendar

Called/Emailed Confirmation

Logged On SWS Calendar

Logged In Binder

\_\_\_\_\_ # ClearStreams Returned

\_\_\_\_\_ # BAGS Returned

Hand Cart Returned (Y/N) \_\_\_\_\_

\_\_\_\_\_ # Recycling LIDS Returned

\_\_\_\_\_ # Compost LIDS Returned

\_\_\_\_\_ # Yard Signs Returned

Date Returned: \_\_\_\_\_

\_\_\_\_\_

Damage? If so, indicate.

\_\_\_\_\_

SWS Employee Sign In

**Email Request Form to: [sws@raleighnc.gov](mailto:sws@raleighnc.gov) or Fax to: 919-212-4290**