



**Carroll County Solid Waste Event Recycling Stand Loan Program**  
 Email to: [kmonical@carrollcountylandfill.com](mailto:kmonical@carrollcountylandfill.com)

19111 Kittyhawk Ave. Carroll, IA • 712-792-5001 • [carrollcountylandfill.com](http://carrollcountylandfill.com)

**Event & Contact Information (Please Print)**

Event Name:
Event Address:
Contact Name:
Contact Address:
Phone: _____ Email: _____
Garbage & Recycling Service Provider:
Event Date:

<b>Equipment Supplied</b>	<b># of Stands</b>	<b># of Bags</b>
Clear Stream Frames		
Clear Stream Lids		
Clear Stream Recycle Bags		

Check Out Date: \_\_\_\_\_ Return Date: \_\_\_\_\_

\_\_\_\_ By signing this form, I pledge to properly follow all guidelines pertaining to usage and damage replacement of the Recycling Event Stands. I agree to write a \$100 check, which will be returned once the stands are inspected and approved as clean and undamaged.

\_\_\_\_ I understand that I will be charged for the replacement cost of any of the above equipment should it be lost or damaged.

\_\_\_\_ In order to keep this program free to users, I agree that it is my responsibility to return all containers in the same clean and working condition as when they were borrowed.

\_\_\_\_ I understand that all stands must be wiped down with disinfectant cleaner prior to return. I understand that failure to do so will result in a \$50.00 cleaning fee.

\_\_\_\_ I agree to return the event stands to Carroll County Solid Waste within 48 hours after the event, unless otherwise arranged with the program staff.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

All Returned	Incomplete Return
Clean	Missing Items
Cleaning Fee Assessed	Replacement Fee Assessed

Returning Signature: \_\_\_\_\_