



Carroll County Solid Waste Event Recycling Stand Loan Program
 Email to: kmonical@carrollcountylandfill.com

19111 Kittyhawk Ave. Carroll, IA • 712-792-5001 • carrollcountylandfill.com

Event & Contact Information (Please Print)

Event Name:	
Event Address:	
Contact Name:	
Contact Address:	
Phone:	Email:
Event Date:	

Equipment	# Supplied
Clear Stream Frames	
Clear Stream Lids	
Clear Stream Recycle Bags	

Check Out Date: _____

Return By Date: _____
 (48 hours from check out)

_____ 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 \$50.00 check, which will be returned once the stands are inspected and approved as clean and undamaged.

_____ I understand that my deposit will be kept if stands return damaged or uncleaned.

_____ 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 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:** _____

STAFF ONLY:

Return Date: _____

All Returned

Clean

Deposit Returned

Missing Item(s) _____

Replacement Fee \$ _____ Replacement Item _____

Deposit Kept

Total Collected \$ _____ Total Refunded \$ _____

Staff Signature: _____

Returners Signature: _____