

ALLEGANY COUNTY RECYCLING OFFICE

EVENT RECYCLING BIN LOAN REGISTRATION



Name: _____

Organization: _____

Billing Email: _____

Phone: _____

Event Information

Event Name: _____

Event Location: _____

Estimated Attendance: _____

Date(s) of Event: _____

Number of Bins Requested: _____

Items to Recycle: Aluminum Cans #1 Plastic Bottles & Cups

Bin Check-out Date: _____ Time: _____
(pick-up)

Bin Check-in Date: _____ Time: _____
(return)

Bin Check-outs & Check-ins are made Monday-Friday 8:30am-3:00pm. Requested times may be rescheduled by staff.
Bin Check-out & Check-in Location: Near the Allegany Recycling Center on Kelly Road in Cumberland, MD.



Return/Cleaning Requirements

- Ensure metal stands and plastic lids (bins) are free of mud, grass, sand, gum, etc.
- Wipe down and remove any other forms of debris on the metal stands and plastic lids with soap and water.
- Failure to properly clean the bin will result in \$5 per bin loss of deposit.
- Please return any unused bags.
- If a bin is missing or returned unusable, you will be invoiced \$65.00 for each missing/damaged bin.
- Deposit fee will be returned within 2-3 business days after check-in.

Agreement

- \$10 per bin deposit fee required.
- Return bins to the pick-up location, by the return date indicated above.
- Return bins clean and in good repair.
- Recycle and dispose of all waste materials collected accordingly.
- Report the amount recycled to the Recycling Office.
- Return any unused bags.
- Allegany County will send an invoice of \$65.00 per bin, if damaged and/or not returned.
- Failure to properly clean the bin will result in \$5 per bin loss of deposit.

**Reservations are made on a first-come first-serve basis, and are fully confirmed after deposit is paid.
A confirmation email will follow with check-out date, time and other details.**

I, _____ authorize Allegany County send the above email address an invoice for \$10 deposit for each bin requested; and agree to the terms above.

Signature _____ Date _____

Staff Section

Invoice Sent Date/Number:	(Initial)	Recycling Bins QTY
Check-out Date/Time:		Date Invoice Paid:
Bins Checked-out by:	(Initial)	Damage Noted
Date/Time Bins Returned:		
Checked-in by:	(Initial)	
Deposit Return Date:		

Email Completed Form to recycling@alleganygov.org