

CLEARSTREAM RECYCLING CONTAINER RESERVATION

Please return to:
City and County of Honolulu
Department of Environmental Services
Tamara Farnsworth - Recycling Specialist
E-mail: tfarnsworth@honolulu.gov
Phone: 768-3448
Fax: 768-3434



Date: _____

School/NonProfit: _____

Name: _____

E-mail: _____ Phone: _____

Alternate Name/Phone: _____

Event: _____ Date: _____

Pick-up Date: _____ Time: _____ (Mon-Fri; between 9AM and 4PM)

Drop-off Date: _____ Time: _____ (Mon-Fri; between 9AM and 4PM)

Number of Clearstream recycling containers to be reserved (50 Max):

_____/20 Aluminum _____/20 Plastic _____/18 (+10) Mixed

*Containers are to be used for the collection of deposit beverage containers only.

*Make sure to secure the receptacles to avoid theft or loss. Your organization may be responsible for the replacement of any containers that are not returned.

Signature _____ Date _____