

96-GALLON RECYCLING CONTAINER APPLICATION



FAX TO: 768-3434

**TO: Recycling Office
City and County of Honolulu
Contact: Tamara Farnsworth
Phone: 768-3448
E-mail: tfarnsworth@honolulu.gov**

DATE: _____

YOUR SCHOOL/ORGANIZATION: _____

ADDRESS: _____

CITY, ZIP: _____

NAME: _____

CONTACT PHONE NUMBER: _____

CONTACT E-MAIL: _____

96-Gallon, wheeled recycling bins requested:

of ALUMINUM bin _____

of PLASTIC bin _____

of GLASS bin _____

of PLASTIC/ALUMINUM bin _____

of MIXED BEVERAGE bin _____

of WHITE PAPER bin _____

of NEWSPAPER bin _____

TOTAL NUMBER OF 96-GALLON bins _____

Comments: