



DEPARTMENT OF ENVIRONMENTAL SERVICES  
CITY AND COUNTY OF HONOLULU



REFUSE DIVISION

1000 Uluohia Street, Suite 201, Kapolei, Hawaii 96707  
TELEPHONE: (808) 768-3200 • FAX: (808) 768-3434  
WEBSITE: [www.opala.org](http://www.opala.org)

# CONDO RECYCLING PROGRAM

## Reimbursement Request Form

**PROPERTY INFORMATION**

Name of Multi-Family Association or Building: \_\_\_\_\_

Address: \_\_\_\_\_

**CONTACT PERSON**

Name: \_\_\_\_\_ Title/Position: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**ITEMIZED EXPENDITURES FOR REIMBURSEMENT:**

DESCRIPTION	COST	SUPPORTING DOCUMENT ATTACHED?
		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>TOTAL</b>		

The following documentation must be attached:

- Copies of itemized expenditures/receipts
- Photos of containers/equipment in operation on-site
- Samples of any educational material
- Copies of any collection service agreements

<p><b>SUBMISSION BY:</b></p> <p>Name: _____</p> <p>Signature: _____</p> <p>Date: _____</p> <p>Total amount of funds requested: _____</p>
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