Version 1.2 - Created July 25th, 2008

Request for Event Composting/Recycling Service Form

Today's Date	
Date or Dates of Event	
Who's putting on this event?	
Primary Contact Name	
Primary Contact Telephone	
Primary Contact Email	
Secondary Contact Name	
Secondary Contact Telephone	
Secondary Contact Email	
Building Name	
Building Address	
Number of Bins Requested:	
Compost Bins	
Bottle/Can Recycling Bins	
Please describe the pickup location for our drivers Note: location must be truck accessible	
Special notes or requests	

A representative from UBC Waste Management will contact you within one week of receiving this form.

Thank you.

















