



**COMMUNITY RECYCLING & REUSE PROGRAM**  
**Sorting Station Box Donation Form**

|   |  |                                   |  |
|---|--|-----------------------------------|--|
| <b>Date Requested:</b>                                      |  | <b>Date Needed By:</b>            |  |
| <b>Name of Person Requesting Boxes:</b>                     |  | <b>Affiliation/ Organization:</b> |  |
| <b>Organization Website Address:</b>                        |  |                                   |  |
| <b>Phone Number:</b>  |  | <b>Email:</b>                     |  |
| <b># of Sorting Stations Requested:</b>                     |  | <b>Event Date:</b>                |  |
| <b>Pick-up Tuesday (10:00am-12:00pm):</b>                   |  |                                   |  |
| <b>Pick-up Tuesday (1:00pm-2:30pm):</b>                     |  |                                   |  |
| <b>Mission of Organization and Statement of Commitment:</b> |  |                                   |  |
|   |  |                                   |  |
| <b>Special Instructions:</b>                                |  |                                   |  |
|   |  |                                   |  |
| <b>No. of boxes approved:</b>                               |  | <b>No. of boxes picked-up:</b>    |  |
| <b>Reviewed By:</b>   |  | <b>Date:</b>                      |  |
| <b>Approved By:</b>   |  | <b>Date:</b>                      |  |