



Village of Harrison Hot Springs
 Organics, Mixed Use or Glass Recycle Bin
 Application Form

Applicant:

Name: _____

Physical Address: _____

Phone: _____ Email: _____

Place a Check Next to All Bins Requested:

| | Bin Type | Check One |
|--------------------------|-----------------------|---|
| <input type="checkbox"/> | 121 L Organics | <input type="checkbox"/> Replacement <input type="checkbox"/> New |
| <input type="checkbox"/> | 121 L Mixed Recycling | <input type="checkbox"/> Replacement <input type="checkbox"/> New |
| <input type="checkbox"/> | 27 L Glass | <input type="checkbox"/> Replacement <input type="checkbox"/> New |

**Bins will be charged at current cost*

If the Bin Replacement is Due to Damage, Provide the Following:

| | |
|-------------------------------|------------------------------------|
| Original Serial Number | |
| Date of Damage | |
| Images of Damaged Bin | <input type="checkbox"/> Submitted |

Signature:

| | |
|-----------------------------|--------------|
| Applicant Signature: | Date: |
| | |

By signing this form, the Applicant agrees to leave the bin at the property upon moving from the residence.

Office Use Only

| Bin Type | Receipt Number | Delivery Date | Serial Number | Staff Initial | Picture of Damage Attached |
|--|----------------|---------------|---------------|---------------|----------------------------|
| <input type="checkbox"/> Organic | | | | | |
| <input type="checkbox"/> Mixed Recycling | | | | | |
| <input type="checkbox"/> Glass Only | | | | | |