



Recycling Box Request Form



**Lorain County Solid Waste Management District a
Department of the Lorain County Board of Commissioners**

Group or Event Name: _____ Date of Event: _____

Contact Name: _____

Phone Number: _____ Email Address: _____

Event Address: _____

City, State & Zip Code: _____

Type of Event:

Number of Boxes/Lids Requested: _____ Number of Liners Requested: _____

By submitting a request form, you are agreeing to participate in the District's mission to Reduce, Reuse and Recycle in Lorain County and to reuse your recycling boxes for future events. These boxes have the ability to collapse for easy storage. If you plan to return the boxes after your event, please state so when you turn in your request. Please send request forms to the District's Collection Center Coordinator, Thomas R. Patrick, III via email: tpatrick@loraincounty.us

Number of Boxes/Lids Granted: _____ Number of Liners Granted: _____

Director Signature: _____ Date: _____