Sue Serino
County Executive

Eoin Wrafter, AICP
Commissioner

Kerry Russell
Deputy Commissioner

Dutchess County Government
Department of Planning & Development
Division of Solid Waste Management

Special Event Recycling Container Loan Application and Agreement Form

Name of Event: _____ Date(s) of Event:_____

Event Address:_____

Company/Sponsoring Organization:_____

Contact Person:_____ Phone Number:_____

Cell Number: _____ Email Address:_____

Mailing Address: _____

Estimated attendance: _____

Dutchess County has recycling containers that are easy to transport, clearly labeled and have transparent bags to make them easy to monitor. Dutchess County will loan recycling container units at NO CHARGE. Containers are available for use on a first come-first-serve basis. A maximum of 30 containers can be loaned. The equipment loan is not guaranteed until the application is approved. Please read and initial the following:

- Recycling Containers must be picked up and dropped off at:
  Dutchess County Division of Solid Waste Management
  96 Sand Dock Rd
  Poughkeepsie, NY 12601
- Missing or damaged recycling units: $20 will be charged per missing or damaged lid and $42 per missing or damaged frame.
- A $10/day late fee will be charged each day the bins are not returned by the “Return Date.”
- All Recycling container covers and frames must be cleaned before they are returned. A $25.00/per unit cleaning fee will be charged for any units that are not clean.

All equipment must be returned in the same manner in which it is received and within three days of events closure. Cleaning fees, late charges, and costs for missing or damaged items, will be charged to the event organizer.

APPLICATION MUST BE SUBMITTED AT LEAST TWO WEEKS BEFORE THE EVENT!

Number of containers on loan: _____ Date of pick up _____Time:_____

Deposit is required at pick up. $50 for loans of 1 to 10 containers, $100 for loans of 11 - 20 containers, and $200 for loans of 21- 30 containers.

Make checks payable to: **Dutchess County Commissioner of Finance**. (A refund will be issued upon the timely return of undamaged/clean containers)

Person responsible for pick up:_____
(Name and Telephone Number)

Return date:_____ Time: _____

Person responsible for return:_____
(Name and Telephone Number)

Name and address for refund: _____

CONTAINERS MUST BE RETURNED WITHIN 3 BUSINESS DAYS AFTER THE EVENT

I certify that I am an authorized representative of the above organization, and that the above statements are true to the best of my knowledge. I have received Recycling Container set up instructions and the above guidelines. I and/or the organization I represent, certify that the special event is within Dutchess County limits and agree to properly recycle the materials collected. The Recycling Containers are the property of the Dutchess County Division of Solid Waste Management and shall not be modified, loaned or transferred to a third party. I and/or the organization I represent are fully responsible for the handling, loading and transporting of the Recycling Containers to and from the Dutchess County 96 Sand Dock Rd, Poughkeepsie, NY location. I and the organization I represent, agree to pay $42 for each damaged or missing Recycling Container frame, $20 for each damaged or missing Recycling Container lid, a $10/day late return date fee, and cleaning fee at $25/per unit when returned unclean. These fees, if any, will be deducted from the deposit. I and the organization I represent understand that any violation of any of these agreements will result in immediate termination of the use of equipment. I and the organization I represent agree to indemnify, defend, and hold harmless the County of Dutchess, its officials, its agents, and employees against any and all claims, damages, losses, and expenses, including legal fees arising out of or in any way associated with the event or the use of this equipment.

Signature: _____ Date _____

Please print full name: _____Phone: _____

For Office Use

Application Received _____ Event within County Limits YES NO Approved _____

Denied _____Reason denied _____ Notified _____

Pick up date: _____Deposit check amount and number: _____

Returned date: _____Returned containers: # Frames_____# Covers_____

Damaged or missing parts:_____

Refund will be adjusted for any late, damaged, missing or unclean containers. Please review all the above information and representative from Dutchess County and Event Organization must sign below following inspection.

County Signature:_____ Organization Signature:_____

Refund sent: Date:_____ Amount:_____ Sent to:_____