



SPECIAL EVENT SERVICE REQUEST FORM

Effective 7/ 1/2019 - 06/30/2020

RECEIVED ON: _____

APPROVED BY: _____

REQUESTOR INFORMATION

| | | | |
|--------------------|--|---------------------|--|
| Organization Name: | | Council District #: | |
| Requestor Name: | | Telephone Number: | |
| Request Date: | | Cell Phone Number: | |
| E-Mail Address: | | Fax Number: | |

EVENT INFORMATION

| | | | | |
|--|--|--|--|--|
| Event Name: | | | | |
| Event Date(s)/Time: <small>(30 days advance notice required for guaranteed service)</small> | Event Start Date: | Event End Date: | Event Start Time: | Event End Time: |
| Requested Package: <small>(Select Only One)</small> | <input type="checkbox"/> A - Blue Bin Only (\$96.03/event) | <input type="checkbox"/> B - Blue Bin Only (\$139.44/event) | <input type="checkbox"/> C - Blue Bin Only (\$383.84/event) | <input type="checkbox"/> D - Blue Bin Only (\$853.76/event) |
| | <input type="checkbox"/> A - Optional Staffing(\$573.73/day) | <input type="checkbox"/> B - Optional Staffing(\$682.24/day) | <input type="checkbox"/> C - Optional Staffing (\$790.75/day) | <input type="checkbox"/> D - Optional Staffing(\$1,472.99/day) |
| | <input type="checkbox"/> E - Non-Food (\$128.05/event) | <input type="checkbox"/> F - Non-Food (\$192.80/event) | <input type="checkbox"/> G - Non-Food (\$554.62/event) | <input type="checkbox"/> H - Non-Food (\$1,360.75/event) |
| | <input type="checkbox"/> E - Optional Staffing(\$573.73/day) | <input type="checkbox"/> F - Optional Staffing(\$573.73/day) | <input type="checkbox"/> G - Optional Staffing(\$790.75/day) | <input type="checkbox"/> H - Optional Staffing(\$1,472.99/day) |
| | <input type="checkbox"/> I - Food Event (\$159.94/event) | <input type="checkbox"/> J - Food Event (\$245.95/event) | <input type="checkbox"/> K - Food Event (\$724.67/event) | <input type="checkbox"/> L - Food Event (\$1,865.61/event) |
| | <input type="checkbox"/> I - Optional Staffing(\$573.73/day) | <input type="checkbox"/> J - Optional Staffing(\$573.73/day) | <input type="checkbox"/> K - Optional Staffing(\$899.26/day) | <input type="checkbox"/> L - Optional Staffing(\$2,263.74/day) |
| | <input type="checkbox"/> Custom Quote | | | |
| Optional Roll-Off Service: | <input type="checkbox"/> 40-Cubic Yard Bin (\$316.50 plus tip fees of \$62.00 per ton) | | <input type="checkbox"/> 30-Cubic Yard Bin (\$316.50 plus tip fees of \$62.00 per ton) | |
| Cardboard Boxes: | <input type="checkbox"/> Refuse | Quantity | <input type="checkbox"/> Recycle | Quantity |
| Additional Liners (\$0.39 ea.): | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Quantity of Additional Liners: | |
| Comments: | | | | |

BILLING INFORMATION

| | | |
|--|---|--|
| Bill to: | <input type="checkbox"/> Requesting Person/Organization/Sponsor/Vendor | <input type="checkbox"/> General City Purpose Fund (Auth. by: _____) |
| | <input type="checkbox"/> Council Office (Authorized by: _____) | |
| Bureau of Street Services (BSS) Special Events Reference Number (if applicable): | | |
| Subsidy Eligibility: | <input type="checkbox"/> Does not Apply | <input type="checkbox"/> 50% Special Events Subsidy |
| | <input type="checkbox"/> Community Clean-Up (Restrictions Apply) | |
| Name: | | Telephone Number: |
| Billing Address: | Street Address | City |
| | | Zip |
| Authorized Signature: | I request the above collection services from the Bureau of Sanitation and agree to pay for services as listed on the Special Events Package List. | |
| | | Print Name |

DELIVERY AND PICK-UP INFORMATION

| | | | |
|------------------------------|--|----------------------------|--------------|
| Containers Drop Off Site: | Street Address | City | Zip |
| Roll-Off Bins Drop Off Site: | Street Address | City | Zip |
| Site Contact Person(s): | | Site Contact Cell. Number: | |
| Drop Off/Pick Up Date/Time: | Drop Off Date | Pick Up Date | Pick Up Time |
| Comments: | | | |
| Signature upon Delivery: | I have received the containers and services as indicated above and agree to the conditions listed below: | | |
| | | | Print Name |

* Daytime Delivery/Pickup's will be scheduled between 7:00 a.m. and 12:30 p.m. (Mon-Fri). Containers delivered during daytime hours need to be stored in a secure location.
 * Tip Fees for Roll-Off Services will be determined once event has concluded.
 * Fee will be assessed for any lost or damaged containers.

SANITATION USE ONLY

| | | | |
|------------------------------|---|--------------------------|----------------------------|
| No. of Blue Containers: | No. of Roll Off Bins: | | |
| | Quote for Roll Off Bins does not include tip fees which will be assessed at the conclusion of the event | | |
| 30 Gallon | 30 Yard | 40 Yard | Other |
| No. of Black Containers: | Weight Slip Date | Truck Number or Roll-Off | Tons Dumped |
| 60 Gallon | | | |
| | Date Sent | Confirmation | Confirmation to Organizers |
| | | | Confirmation to Council |
| Request Sent to Yard: | | | |
| Req. Sent to Special Events: | | | |
| Comments: | | | |

TO BE COMPLETED BY THE REQUESTOR

SANITATION USE ONLY