



**City of Emeryville
Environmental Programs
Indoor Container Request Form**

Containers provided free, by City of Emeryville, total value up to \$500

Date: _____

Applicant (Business): _____

Address: _____

Contact Name: _____ Email Address: _____

Phone Number(s): () _____; () _____

Donation request #1: _____ Quantity: _____ Date Required: _____
(Please indicate size, type & color above)

Donation request #2: _____ Quantity: _____ Date Required: _____
(Please indicate size, type & color above)

Additional requests?: _____
(Please indicate same info as above)

Purpose: _____

Number of People Impacted: ____ In what way?: _____

Has the City of Emeryville provided equipment to your business in the past? Yes ____ No ____

If so, what items: _____

Additional comments: _____

I/we will use above items for their intended use. I agree that, after an agreed-upon trial period, if not used as intended the containers may be removed until intended use can be reasonably assured:

<i>Signature</i>	<i>Title</i>	<i>Date</i>
I have received requested items:		

<i>Signature</i>	<i>Title</i>	<i>Date</i>
To comply with City ordinance 5-29.12 I will conspicuously post no-smoking sticker(s) to my door(s), entry or window(s).		

<i>Signature</i>	<i>Title</i>	<i>Date</i>
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City of Emeryville use:

Delivery Date: _____ Received by: _____

Other comments: _____

_____ Cost of donated item(s): _____