

Name of Requesting Group: _____
 Contact Person: _____ Phone: _____ E-mail: _____
 Address: _____ City, ST: _____ Zip: _____

Name of Event: _____
 Location of Event: _____
 Placement of Container: _____ (Attach map if necessary)
 Date of Request: _____ Date Needed: _____ Date to Bring In: _____
 Container Size(s): _____ Number of Containers: _____ Number of Collections: _____

Please check yes or no:

- | | | |
|---|-----------|----------|
| 1. Is the event open to all members of the community? | Yes _____ | No _____ |
| 2. Is the sponsor a 501-C non profit corporation? | Yes _____ | No _____ |
| 3. Is the event for religious, political or commercial purposes? | Yes _____ | No _____ |
| 4. Is the event located within the City of Redding limits? | Yes _____ | No _____ |
| 5. Will the proceeds from the event be used to benefit the community? | Yes _____ | No _____ |
| 6. Will the event be organized and managed by community volunteers? | Yes _____ | No _____ |
| 7. Will solid waste service be restricted for only event use? | Yes _____ | No _____ |
| 8. Will the container(s) be shared or used to dispose of any toxic or hazardous chemicals or materials? | Yes _____ | No _____ |
| 9. How many people will operate and attend the event? | Yes _____ | No _____ |
| 10. Does the event occur only once during the year? | Yes _____ | No _____ |
| 11. How many days will the event last? | _____ | |

Note: The maximum donation of solid waste service for any event is the cost of a 30-yard container with one collection. For any costs above the value of a 30-yard container, the event organizer is responsible to pay. Also, by signing the application, the event organizer agrees to pay for any charges to containers provided and for any trash placed in the containers that the City is not authorized to transport or bury in landfills.

To the best of my knowledge, the above information is true.

Signed: _____

 Event Organizer/Representative

To be completed only by the City of Redding staff:

Is this a qualified event or activity? Yes _____ No _____
 Estimated cost of solid waste service: \$ _____
 Approved by: _____ Date: _____

 Solid Waste Manager