

CLEARSTREAM RECYCLING CONTAINER RESERVATION

FAX TO: 768-3434

**TO: Recycling Office
City and County of Honolulu**

**Contact: Eileen Helmstetter
Phone: 768-3426
E-mail: mhelmstetter@honolulu.gov**



DATE: _____

YOUR ORGANIZATION: _____

NUMBER of CLEARSTREAM recycling containers: _____

EVENT: _____

EVENT DATE (S): _____

Containers are to be used for the collection of deposit beverage containers only.

Print Name: _____

Phone number: _____

E-mail: _____