## **Green Diversion Station Condition Report**

When picking up and dropping off rental containers, the following information must be filled out and reviewed by an Environmental Services staff member prior to the containers leaving City Hall or being deemed acceptable for a full deposit return.

**Contact Information** 

Phone:Email:	Name:									
Number and Condition of Containers Upon Pick-Up  Indicate the number of containers you are signing out and provide comments on their condition below:  Garbage 0 1 2 3 4 5 6 7  Recycling 0 1 2 3 4 5 6 7	Phone:									
Indicate the number of containers you are signing out and provide comments on their condition below:  Garbage 0 1 2 3 4 5 6 7  Recycling 0 1 2 3 4 5 6 7  Food Scraps 0 1 2 3 4 5 6 7	Email:									
Indicate the number of containers you are signing out and provide comments on their condition below:  Garbage 0 1 2 3 4 5 6 7  Recycling 0 1 2 3 4 5 6 7  Food Scraps 0 1 2 3 4 5 6 7										
Indicate the number of containers you are signing out and provide comments on their condition below:  Garbage 0 1 2 3 4 5 6 7  Recycling 0 1 2 3 4 5 6 7  Food Scraps 0 1 2 3 4 5 6 7	Name have and Constitution		- 6 6 -		11	F	Nala I	1		
Condition below:  Garbage	Number and Condi	tion	or Co	ntain	ers U	pon i	'ICK-L	ър		
Recycling 0 1 2 3 4 5 6 7  Food Scraps 0 1 2 3 4 5 6 7		r of c	ontai	ners	you a	ire sig	gning	out a	nd provide comr	nents on their
Food Scraps 0 1 2 3 4 5 6 7	Garbage	0	1	2	3	4	5	6	7	
Food Scraps 0 1 2 3 4 5 6 7										
Food Scraps 0 1 2 3 4 5 6 7										
	Recycling	0	1	2	3	4	5	6	7	
Denosit Containers 0 1 2 3 4 5 6 7	Food Scraps	0	1	2	3	4	5	6	7	
Denosit Containers 0 1 2 3 4 5 6 7										
Denosit Containers 0 1 2 3 4 5 6 7										
Deposit containers 0 1 2 3 4 3 0 7	Deposit Containers	0	1	2	3	4	5	6	7	

Number and Condition of Containers Upon Return										
Indicate the numbe below:	r of c	ontai	ners	retur	ned a	ınd pı	ovide	e comme	ents on their condition	
Garbage	0	1	2	3	4	5	6	7		
Recycling	0	1	2	3	4	5	6	7		_
Food Scraps	0	1	2	3	4	5	6	7		<u> </u>
Deposit Containers	0	1	2	3	4	5	6	7		_ 
Please sign below to confirm that the above information is correct.										
Container Pick-Up										
Borrower			E:	S Staf	f Mei	mber		Date		
Container Drop-Off										
Borrower			E:	S Staf	f Mei	mber			Date	

A copy of this form must be provided to the Green Diversion Station borrower both when they pick up and drop off the containers.

