

Recycling Container Request Form

Date of Event: _____

Type of Event: _____

Name: _____

Address: _____

Phone # _____

Pick-up Date _____ Return Date _____

Pick-up and return times are from 8:00 am - 4:00 pm



Recycling Containers
Portable bin to collect bottles & cans

Quantity Requested: _____

For Office Use Only

City Approval: _____

Date: _____

Special Notes: _____



515 Little Canada Road E.
Little Canada, MN 55117
(651) 766-4029