

Onondaga County Resource Recovery Agency ("OCRRA") ClearStream Recycling Container User Agreement

This Agreement provides the terms and conditions under which the Borrower agrees to the short-term use of the following ClearStream Containers owned by OCRRA. The sole permissible use of the ClearStream Recycling Containers is for the collection of recyclable bottles and cans at public events.

To reserve frames: complete this section, read bullets below, return form to recycling clerk	
<p>Borrower Borrower's Name: _____ Address: _____</p> <p>Email: _____</p> <p>ClearStream Recycling Lids (# of) _____ ClearStream Recycling Frames (# of) _____</p>	<p>Event: Name of the Event: _____ Address of the Event: _____</p> <p>Phone number: _____</p> <p>Date to be picked up: _____ Date to be returned: _____</p>

Borrower's obligations under this Agreement:

- Borrower will provide labor necessary for the proper set-up and use of the ClearStream Recycling Containers at Borrower's location/event.
- Borrower will properly maintain the ClearStream Recycling Containers while they are in Borrower's control.
- Borrower is responsible for handling, loading, and transporting the ClearStream Recycling Containers from and back to OCRRA's Main Office, 100 Elwood Davis Road, North Syracuse, NY 13212
- Borrower will return the ClearStream Recycling Containers in the condition in which they were received (normal wear and tear accepted) no more than 3 days after the conclusion of the Borrower's event to: OCRRA's Main Office (Monday- Friday, 9AM- 4PM). **If the lid or frame from a ClearStream Recycling Container is lost, damaged, or if not returned as a complete unit Borrower agrees to reimburse OCRRA \$50 per damaged or missing container.**

To be completed in office, when picking up ClearStream Recycling Containers	
<p>Accepted and Agreed to By Borrower:</p> <p>_____</p> <p>Authorized Signature</p> <p>_____</p> <p>Print Name</p> <p>Date: _____</p> <p>OCRRA Contact Information: Name: _____ Recycling Clerk 100 Elwood Davis Rd, North Syracuse, NY 13212</p>	<p>Accepted and Agreed to By OCRRA:</p> <p>_____</p> <p>Authorized Signature</p> <p>_____</p> <p>Print Name</p> <p>Date: _____</p> <p>Email: mail@ocrra.org Phone (315) 453-2866 Fax (315) 453-2872</p>

To be completed upon return of ClearStream Recycling Containers	
By OCRRA Personnel	By Borrower
<p>ClearStream Recycling Lids Returned (#) _____</p> <p>ClearStream Recycling Frames Returned (#) _____</p> <p>Condition of Containers upon return _____</p> <p>Charges for damaged/missing containers (if any) _____</p> <p>OCRRA personnel initials _____</p> <p>Date returned _____</p>	<p># of bags of material collected (if known) _____</p> <p>Estimated number of people in attendance _____</p> <p>Borrower Signature _____</p> <p>Date: ____/____/____</p>