



Fauquier County Recycles

Portable Recycling Container Program Application

DATE: _____

EVENT: _____

NAME: _____

ADDRESS: _____

PHONE: _____

Number of containers (frame & lid) borrowed: _____

Return Date: _____ Date returned: _____

I understand that all containers must be returned clean and undamaged and that if any container is lost or damaged, I agree to pay for a replacement.

Valid ID must be copied and attached to this application

SIGNATURE: _____

Bring this application to Environmental Services Dept. 6438 College St. Warrenton, VA 20187

Thank-you for your interest in participating in the Fauquier County's voluntary recycling program.