



# M-A-C Mid-Atlantic Clothing Recycling



Date: \_\_\_\_\_

Agency/Department: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact #: \_\_\_\_\_

Fax #: \_\_\_\_\_

Please provide the location(s) and address or cross streets for possible D.A.R.E. Clothing Bin placement in your town. Include the name of your contact or the decision maker for each location. In the comments section, let us know if we can use your name when we contact the site.

Location	Address/Cross Street	Number of Bins
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Comments:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please fax the completed form to Dawn Holtsclaw, MAC Recycling, at 864-578-1212.

