



COMMUNITY CLEAN-UP PROGRAM APPLICATION (Sheet 1 of 2)

APPLICATION SHOULD BE RECEIVED BY THE COUNTY AT LEAST **ONE MONTH PRIOR** TO SCHEDULED CLEAN-UP DATE. IF AN APPLICATION IS RECEIVED LATE, IT WILL BE RETURNED FOR RESCHEDULING OF ANOTHER DATE.

(Note: Applications are approved only to the limit of funding; consequently, there is no guarantee of approval.)

1. Date of Application: ____/____/____ Date of Scheduled Community Clean-up: ____/____/____

2. Name of Community Organization: _____

Mailing Address: _____

City & State: _____ Zip: _____

3. Contact Person or Management Company: _____

Address: _____

City & State: _____ Zip: _____

Phone: Day _____ Evening _____ Facsimile _____ E-Mail _____

4. Name of participating contractor, name of individual contacted, and date contacted. **(Must be from list of participating contractors):**

If the #1 firm is not selected please state why, who was contacted, and the date contacted. (Likewise, do the same if the #2 is not selected):

5. Precisely identify your community's clean-up boundaries (on all sides): _____

_____ Community's Zip Code _____ Council District: _____

6. Specific location where the containers will be placed (Attach written permission if applicable):

COMMUNITY CLEAN-UP PROGRAM APPLICATION (Sheet 2 of 2)

Note: Community Clean Up Times Are Between 7AM - Noon

7. How many households does your organization represent within the clean-up boundaries: _____ Number of containers requested: _____

8. What type of refuse is to be placed in containers? _____

9. Will any other vehicles be used to deliver materials to the landfill? _____ If so, what kinds of materials and in what vehicles?

10. Please provide the **names and cell phone numbers** of the individuals who will be **monitoring** the Clean-Up Event.

It shall be the Community Organization's responsibility to cover any extra cost incurred by the hauler due to re-handling contaminated loads. As the Community Clean-up leader/organizer, I am verifying that our community will abide by the County Community Clean-up Program Procedures.

Signature of Authorized Agent of Organization (Note: This field is required and constitutes as an electronic signature):

Print Name: _____ Title, if any: _____

For Official Use Only

By: _____

Date Received: ___/___/___ Date Reviewed: ___/___/___

Date of approval letter to organization and collector: ___/___/___ Council District _____

Number of roll-off containers provided: _____ Bid Price: _____ Total Cost: _____

Comments/notes/problems: _____