



**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.

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**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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_