

**Litter Clean Up Incentive Program Application**  
**Municipal Joint Services Board**

Organization: \_\_\_\_\_

Organization Contact: \_\_\_\_\_

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

Organization Tax # or Charity Registration # : \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Proposed Area to Clean: \_\_\_\_\_

(Include: Road Name, Community, Civic Address Range/No. kms)

No. of Participants 18 or Older: \_\_\_\_\_

No. of Participants 14-17 Years Old: \_\_\_\_\_

Purpose of Fundraiser: \_\_\_\_\_

**Office Use Only**

Participant Waivers Completed

Non-Profit/ Charitable Organization

Copy of NS Transportation Permit (if applicable)

Proof of Insurance

Section of Roadway to Be Cleaned: \_\_\_\_\_

Date and Time to Be Cleaned: \_\_\_\_\_

Section of Roadway Approved for Clean Up by Name & Signature: \_\_\_\_\_

\_\_\_\_\_

Safety Orientation Completed

Supplies Provided: Bags, Gloves, Safety Vests, Clean Up Road Signs

Litter Delivered to Community Recycling Centre  Scale Ticket No.(s) \_\_\_\_\_

Post-Clean Up Road Inspection Date: \_\_\_\_\_ Approval: Y N

MJSB Staff Name & Signature : \_\_\_\_\_

No. Bags Collected/Type of Materials: garbage \_\_\_\_\_ recyclables \_\_\_\_\_ refundables \_\_\_\_\_

Other items found, marked with flagging tape (hazardous or bulky) and

location: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_