

Litter Clean Up Incentive Program Application
Municipal Joint Services Board

Organization: _____

Organization Contact: _____

Mailing Address: _____

Organization Tax # or Charity Registration # : _____

Telephone Number: _____

Email: _____ Date of Application: _____

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

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: _____

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: _____
