

HACKETTSTOWN CLEAN COMMUNITIES PROGRAM

GROUP CLEAN UP APPLICATION

Date of Application

A. Name of Applying Group:

B. Contact Person: Allison Hines

Address:

Address (if different from A):

Phone: _____

Clean Up Date and Time: _____

Approximate Number of Participants: _____

adults _____

Clean Up Location: _____

I certify that I have read the Hackettstown Clean Communities Program Guidelines. This group will comply with these guidelines in the performance of the agreed upon clean up project at the designated location. Upon completion of the clean up activity, I will submit a summary report detailing the amount of time spent on task, mileage covered, and the amount of trash and recyclables collected.

Name (please print)

Title Co-leader

Signature

Date

_____ Clean Up approved

_____ Clean Up denied

Clean Communities Coordinator

Date