CLEANUP & BEAUTIFICATION PROJECT REGISTRATION FORM

Name ________________________________________  Group _____________________________________
Address ________________________________________   City _______________  State ____ Zip__________
Phone ____________________ Fax ___________________ E-mail _______________________________
Preferred project date(s): 1) ______________   2) ______________   3) ______________    & # of hours ______
1. Select one ___ We do not have a pre-planned project. Please assign us one.
   ___ We have planned a project at the following site or location. (Provide as much information as
   possible regarding location, boundaries, area, etc.)

To help us issue supplies, please provide as much information as possible about your project (#2 - #6 below)
2. Estimated size of cleanup*:  # of blocks ____     # of streets ____     # of alleys____      # of miles ____

*Complete for the one that best defines project size

3. Project(s) planned or desired:  a) Alley cleanup ___   b) Street cleanup ____   c) Illegal sign removal ____
   d) Graffiti cleanup ____ *identify surfaces w/graffiti ___________________________________________________
   e) Other ___________________________________________________________________________________

4. Expected # of volunteers ____  (# children ____   # teens ____   # adults ____   # of families ____)

5. Check the supplies you can provide: trash bags ___   gloves ___   safety vests ___   rakes ___
   push brooms ___   shovels ___

6. Check supplies needed
   Trash bags ____   Gloves ____   Safety vests ____   Trash grabbers ____   Rakes ____
   Push brooms ____   Shovels ____   Graffiti cleanup supplies ____

Supplies are provided on first-come, first-served bases and based on available inventory and scope of project. By accepting
the city-issued supplies, volunteers agree to use these supplies according to guidelines provided. Arrangements must be made for
supplies to be picked up from and returned to our facility within 1 business day of project.

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COMPLETE & RETURN SECTION BELOW WITHIN 1-WORKING DAY OF PROJECT COMPLETION

Cleanup tools and unused supplies must also be returned within1-working day of project completion

Today's Date: __________    Project Completion Date:  _______
Name of group/volunteer(s): ________________________________ Contact name: ______________________
# of hours on project: ____  # of volunteers : ____ (# of: adults ___   youth ___)
Project location (examples: 1st to 6th/Elm to Grape; 3200 block of Main St.; Colfax/Monaco to Quebec) _________
___________________________________________________________________________________________
___________________________________________________________________________________________
Project type(s) - check all that apply:   Alley cleanup ___   Street cleanup ___   Graffiti removal ___
   Illegal sign removal ____ Other (describe) _____________________________________________________
   If graffiti removal, indicate items cleaned (e.g. dumpsters, poles) ____________________________

Project size - area covered - check all that apply:   # of Alleys ______  # of Streets _____  # of Blocks ____
   # of miles _____  # of bags filled ______ approximate # of graffiti sites cleaned ______
Location of trash and large items to be picked up by City crews (intersections, alleys, etc.), if any: _____________
___________________________________________________________________________________________
___________________________________________________________________________________________
Strangest item(s) found during cleanup: ___________________________________________________________

RETURN FORM IN PERSON, BY MAIL OR FAX:
Denver Solid Waste Management/Keep Denver Beautiful/Denver Partners Against Graffiti - 2000 W. 3rd Ave., 3rd Fl., Denver, CO 80223
Fax - 303-446-3527 www.denvergov.org/kdb - QUESTIONS - CALL 303-446-3557