



CLEANUP & BEAUTIFICATION PROJECT REGISTRATION FORM



THIS FORM MUST BE RECEIVED AT LEAST 5 WORKING DAYS IN ADVANCE OF ADOPT-A-SPOT & PRE-PLANNED PROJECTS OR 10 WORKING DAYS IN ADVANCE FOR ALL OTHERS!

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 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.

COMPLETE & RETURN SECTION BELOW WITHIN 1-WORKING DAY OF PROJECT COMPLETION
Cleanup tools and unused supplies must also be returned within 1-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