



RICHMOND NEIGHBORHOODS' VOLUNTEER CLEANUP

Association Name: _____

Contact Person: _____

Address: _____

Council District: _____ **Day Telephone:** _____ **Evening:** _____

Date of Cleanup: _____ **Start Time** **8:00 AM - 12:00 PM**

Where will volunteers meet on day of cleanup: _____

Boundaries of cleanup area: _____

How many volunteers are expected: _____
(Must have a minimum of 5 volunteers)

Type of Truck: _____ **Stakebody truck (appliances)** _____
Total No. of Trucks: _____ **Boom truck** _____

Need copies of your organizations flyers? Yes _____ No _____ How many _____

Note: This form must be received by the Clean City Commission Coordinator four weeks prior to the cleanup date in order to process request. The Department of Public Works reserves the right to adjust the number of trucks provided due to the availability of equipment, size of area to be cleaned and the number of volunteers participating.

Mail to: **Clean City Commission Coordinator or FAX: 646-8068**
3506 N. Hopkins Road
Richmond, Virginia 23224

Office Use Only: Order sent to Refuse Department – Date: _____