



**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 South Shore Waste Solutions  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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_