

CITY OF MOOSE JAW
COMMUNITY CLEAN-UP PROGRAM

REQUEST TO ADOPT

(PART 1 – To Be Completed by the Applicant(s))

Applicant's Name: _____

Applicant's Contact Information:

Address: _____

Phone #: _____

Email Address: _____

Area Requested to Adopt for Clean-Up:

- | | |
|---|---|
| <input type="checkbox"/> 9 th Ave. E. | <input type="checkbox"/> Home Street Trail/Pathway |
| <input type="checkbox"/> 9 th Avenue NW (Thatcher Dr. to Highway #1) | <input type="checkbox"/> Landfill Area |
| <input type="checkbox"/> 9 th Ave. S.W. | <input type="checkbox"/> Manitoba Expressway (Section 1 or 2) |
| <input type="checkbox"/> Bell Park | <input type="checkbox"/> South Hill Trail – 9 th Ave. – 16 th Ave. SW |
| <input type="checkbox"/> Crescent Park | <input type="checkbox"/> Spring Creek |
| <input type="checkbox"/> Dog Park and Hamilton Flats | <input type="checkbox"/> Sunningdale Coulee |
| <input type="checkbox"/> Elgin Park | <input type="checkbox"/> tatawâw park |
| <input type="checkbox"/> Flood Dyke & Storm Channel to Crescent Park | <input type="checkbox"/> Thatcher Drive Ditches (Sections 1 - 6) |
| <input type="checkbox"/> Happy Valley | <input type="checkbox"/> Tourism Building/Grayson Ind. Park |
| <input type="checkbox"/> Highway #2 South | <input type="checkbox"/> Yara Centre |
| <input type="checkbox"/> Other (Requires Approval from the Engineering/Parks & Recreation Department) | |

Please specify area: _____

Date(s) Requested for Community Clean-Up:

(Note: The dates requested should be during the designated Community Clean-Up Program timeframe, where possible.)

Garbage Bags Requested: Yes _____ No _____ Number of bags requested _____

Personal Protective Equipment (PPE) Requests:

Number of High Visibility Safety Vests Requested: _____ Number of Vests Provided: _____

Date Provided: _____ Date Returned: _____

Number of Gloves Requested: _____

Date: _____ **Applicant's Signature:** _____

(PART 2 – To be Completed by the Engineering Department)

Date Request was Received: _____

Request Approved: Yes _____

No _____

If not approved, state reason(s) why:

Date Request was Approved: _____

Additional Information (optional):

Landfill Fee Waived: _____

Approved by: _____