



Great Augusta Clean-Up Program

By completing this application, you and your group agree to abide by all rules and regulations governing this program. Please ensure that you have reviewed the rules and regulations located on the Keep Augusta Beautiful webpage.

Neighborhood Representative Contact Information

Neighborhood Association or Organization Name: _____ (If no neighborhood association, please indicate the most centrally located street for the residents using the program)

Name (First, Last): _____

Address (Street #, Street Name): _____

Address (City, State, and Zip): _____

Telephone Number: _____

Event Date Information

Date of Scheduled Neighborhood Clean Up: _____ Time of Clean Up: _____

Number of residents participating: _____ Are additional volunteers needed? Yes No

Do you need supplies? Yes No

Supplies can be provided. Any unused supplies must be returned after the completion of your event.

Supplies include: Litter grabbers, Trash bags, volunteer trailer with gardening supplies (for public spaces; cannot be used for personal property), and gloves

Dumpster Drop-Off Date (**must** be the Thursday before proposed Clean Up): _____

Types of Dumpsters needed (please circle one): Trash Tire Both

Please attach the meeting minutes which show the attendance and the approval of your neighborhood cleanup.

Please submit by email to keepaugustabeautiful@augustaga.gov or mail to the address below.

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