

# COMMUNITY Clean-Up challenge

SHOW YOUR PRIDE FOR DECATUR COUNTY!

Group Name: \_\_\_\_\_

Group Leader: \_\_\_\_\_

Group Leader Contact Number: \_\_\_\_\_

Group Leader Contact Email: \_\_\_\_\_

Non-profit of Choice: \_\_\_\_\_  
 (Non-profit must be from Decatur County. All money must stay within our county.)

Clean up Area (address if possible): \_\_\_\_\_

\_\_\_\_\_

What will you be doing at this location? \_\_\_\_\_

\_\_\_\_\_

Landowner Name/Phone if possible (We can find this for you if you are unable to locate.): \_\_\_\_\_

How many volunteers will you have? (We need exact numbers for safety vests and gloves.): \_\_\_\_\_

\*\*If you will need supplies, please list below. Your group is welcome to request donations from local companies if you choose to do so.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PLEASE RETURN THIS FORM BY EMAIL, MAIL, OR BY PERSON BEFORE APRIL 1.**



FOR MORE  
 INFORMATION  
 CONTACT US:

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