



# Community Cleanup Trailer Application Form



Designated Project Coordinator \_\_\_\_\_

Phone (day) \_\_\_\_\_ (evening) \_\_\_\_\_ (cell) \_\_\_\_\_

Coordinator Address \_\_\_\_\_

Coordinator E-mail \_\_\_\_\_

Driver's License Number or State ID Card (attach copy) \_\_\_\_\_

Neighborhood/Project Name \_\_\_\_\_

Volunteer Organization Name (if applicable) \_\_\_\_\_

**A \$25 deposit is required to use the trailer. The deposit will be refunded when the trailer is returned, all equipment is accounted for, and the Cleanup Report Form is turned in to CCSWD.**

**Trailer can be dropped off or picked up Monday through Friday, 10 a.m. to 2 p.m.**

Trailer Drop-off (date/time) \_\_\_\_\_ Pickup (date/time) \_\_\_\_\_

Cleanup Project Description, including location and boundaries of cleanup area: \_\_\_\_\_

Parking Location of the Trailer: \_\_\_\_\_

Number of households or volunteers involved (minimum of 5, all must be 18 or older): \_\_\_\_\_

Participant List Form and Project Coordinator Waiver must be sent in with this application.

- I, as the designated Project Coordinator, agree to the following:
- I will work with Clark County Solid Waste District (CCSWD) and any local authority to determine a proper parking location for the trailer and will meet with a CCSWD staff member at that location when the trailer is dropped off and picked up.
- I will ensure all participants using the equipment from the trailer are at least 18 years old and have completed all waivers.
- I will confirm the equipment inventory with CCSWD staff upon receipt and return of the trailer.
- I will distribute supplies to participants and ensure all equipment is operated safely. I will retrieve the supplies once participants have completed the project.
- I will properly secure the trailer and its contents.
- I will replace any item missing or not returned in the condition it was received (normal wear and tear excluded).
- I will ensure the trailer is clean and free of trash and debris upon return.
- I will complete and submit the Cleanup Report Form to CCSWD.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Submit form to: Clark County Solid Waste District  
Attn: Community Cleanup Trailer  
1602 West Main Street  
Springfield, OH 45504

Or fax to (937) 327-6648  
Questions; Call 521-2025  
Or email bmartens@clarkcountyohiogov