



Community Litter Pick-Up Application Form

Applicant Information

Organization: _____ Contact Name: _____

Mailing Address: _____

Email Address: _____

Name of primary contact on day of event: _____

Cell Phone Number: _____

Name of secondary contact on day of event: _____

Cell Phone Number: _____

Event Information

Meeting location/address: _____

Date: _____ Start time: _____ End time: _____

Estimated number of participants: _____

Description of the event (Litter Pick-Up locations, what equipment will be provided, etc.):



Support needed from Rocky View County

- Bags Yes No Personal Protective Equipment (Gloves, etc.) Yes No
- Safety Tips Yes No Transportation of Litter to a Transfer Site Yes No
- Advertising Yes No

If you said yes to advertising, do you give the County permission to advertise your Litter Pick-Up event across its communications platforms (County website, Waste Guide App, social media, etc.)?

- Yes No

How else can the County help with this event?