

Group Name \_\_\_\_\_ Date \_\_\_\_\_

Group Representative Name \_\_\_\_\_ Phone \_\_\_\_\_

 Email \_\_\_\_\_  
(optional)

Scheduled Work Date(s) \_\_\_\_\_ Time(s) \_\_\_\_\_

Preferred Equipment Pick-up Date \_\_\_\_\_ Time \_\_\_\_\_

|  | number required | Office use<br>number supplied | number returned/date |
|--|-----------------|-------------------------------|----------------------|
| <input type="checkbox"/> reflective vests  | _____           | _____                         | _____                |
| <input type="checkbox"/> signs   | _____           | _____                         | _____                |
| <input type="checkbox"/> sandbags  | _____           | _____                         | _____                |
| <input type="checkbox"/> garbage bags  | _____           | _____                         | _____                |
| <input type="checkbox"/> first aid kit   | _____           | _____                         | _____                |
| <input type="checkbox"/> dump key  | _____           | _____                         | _____                |
| <input type="checkbox"/> safety DVD ► must be viewed by all participants                             |                 |                               |                      |
| <input type="checkbox"/> Spring Roadside Cleanup – Conditions ► must be reviewed by all participants |                 |                               |                      |

Note: all equipment must be returned prior to receiving payment.

I, \_\_\_\_\_ am authorized to act on behalf of the group.

Print name – Authorized Group Representative

I have received a copy of the Spring Roadside Cleanup - Conditions and will review them with the group before proceeding. I acknowledge that we are ultimately responsible for the safety of all of the group participants during the roadside cleanup. On behalf of the group we agree to observe the conditions and safety procedures as outlined.

 \_\_\_\_\_  
 Signature Date

**Collection and use of personal information**

Personal information is collected under the authority of section 33(c) of the *Freedom of Information and Protection of Privacy Act* and will be used to coordinate roadside cleanup applications. If you have any questions regarding collection or use of this information, contact the Manager, Public Works, Transportation and Agriculture Services, Strathcona County at 780-417-7100.

Office Use Only Inspection date \_\_\_\_\_ Time \_\_\_\_\_

 All participants wearing vests  no  yes Signs placed properly  no  yes

 Supervisor on-site  no  yes

Comments \_\_\_\_\_

 \_\_\_\_\_  
 Signature – Group Supervisor Date Signature – County inspector Date

 all equipment returned ► verified by \_\_\_\_\_  payment released ► date \_\_\_\_\_