

# Application



## Municipality of Argyle Not for Profit Community Litter Cleanup

Date \_\_\_\_\_

Organization: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

District and/or Councillor Name: \_\_\_\_\_



Purpose of fundraiser:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Please include documentation supporting your status as a non-profit/charitable organization.*

### For office use only:

Municipality of Argyle Waiver

Department of Transportation Permit

Non-profit/Charitable Organization

Supplies provided: bags

gloves

Section of highway to be cleaned: \_\_\_\_\_

Date and time of cleanup: \_\_\_\_\_

Garbage to be picked up on: \_\_\_\_\_

\_\_\_\_\_  
Authorization