Choose your responses to the questions below or fill in responses where indicated. If you have questions regarding this form or MSD assisted neighborhood cleanups in general, please call the Muncie Sanitation Office at 747-4865.

Neighborhoods that want to participate must complete this form. Please complete the form completely so that you receive what you need for your cleanup.

- Clean-up requests are not taken by phone.
- Spring requests must be received by April 1, 2021. Forms will not be accepted after this date.
- Please return this completed form by US Mail, scan and email to tbranson@msdeng.com or drop it off at the Muncie Sanitation Office @ 811 E. Centennial Ave., Muncie, IN 47303 during normal business hours.
- Do not assume that because you have requested items in the past you will automatically receive the same again.
- Remember that when you sign up as Cleanup Coordinator, you are taking responsibility to follow all guidelines on behalf of your neighborhood.
- You are responsible for your own PPE equipment such as masks, gloves and eye protection.
- Safety vests are recommended.
- Any Clean-up cancellations should be done 72 hrs. prior to event.
- Failure to meet any of the criteria listed in this form could result in your neighborhood being placed on a probationary period during future cleanups.
- **Must be 18 or older to ride on the back of the Sanitation truck.**

**Date:** These Saturday cleanup dates have been approved by the Muncie Sanitary District. The Muncie Sanitary District reserves the right to change the number of cleanup dates, depending on the number of participating neighborhoods. There are no rain dates available. Indicate your first and second choice of dates. Those who do not indicate first and second date choices will be assigned a date by the Muncie Sanitary District based on availability.

**Saturday, May 8th:** ____ **Saturday, May 15th:** ____ **Saturday, May 22nd:** ____

(Cleanup dates are assigned on a first come, first served basis.)

**Time:** Cleanups will take place from 8:00 a.m. - 11:30 a.m. The Muncie Sanitary District will not make return trips the week after your cleanup to pick up of items. Please encourage all able-bodied residents who wish to dispose of items during the cleanup to help load items on the truck.

**Muncie Sanitary District Truck(s):** Only Muncie Sanitary District personnel will operate any District owned truck(s). Neighborhoods requesting a truck(s) must have at least six people who will participate
in the cleanup, rain or shine. Please request only the truck(s) your volunteers can handle. At least two of your volunteers must be at your requested starting point by 8:00 a.m. to meet the truck(s). No materials may be put in the truck(s) that would not ordinarily be accepted by the Muncie Sanitary District during regular trash pickup (including, but not limited to; brick, car parts, cement, concrete, fencing, roofing, insulation, wire, wood, dirt, rocks, roofing, tires, or any hazardous/toxic items* [such as herbicides, oil-based paint, paint thinner, motor oil, pesticides, etc.]). Hypodermic needles must be placed in a regular sharps container. Private haulers and businesses should not bring items to the cleanups – cleanups are for neighborhood residents only. (*If you have any of the before mentioned hazardous/other items please dispose of them at East Central Recycling – 701 E Centennial Ave, Muncie, IN during normal business hours.)

What type of truck(s) do you need?
(You may select both – if you have enough volunteers.)
Packer (trash truck): __________ Peterson (crane truck): __________

Starting Location_________________________ Ending Location_________________________
(An address must be provided. If site is a street corner, specify which corner. You must have the property owner’s permission to park the truck there.)

Will you have brush and limbs to dispose of during the cleanup?
(Please note these items will not be put in same truck as trash. Brush and limbs should be placed so that they are not within 3 feet of any objects or under any power lines.)
Yes: __________ No: __________

CONTACT INFORMATION
Spring 2021

Neighborhood Association Name: ________________________________________________

Cleanup Coordinator: ____________________________________________________________
(Cleanup coordinator and/or person listed below MUST be present throughout cleanup)

Mailing Address: _____________________________________________________________ Zip: __________

Primary phone: ______________ Email: _____________________________________________

If unable to reach the cleanup coordinator, who should be contacted?

2nd contact: ________________________________________________________________

Address: _________________________________________________________________ Zip: __________

Primary phone: ______________ Email: ___________________________________________