

CITY OF CHESTER
 CLEANUP & BEAUTIFICATION
 PROJECT REGISTRATION FORM

City of Chester
Thaddeus Kirkland, Mayor

**Joy Taylor, Constituent Services/
 Events Coordinator**



***THIS FORM MUST BE RECEIVED
 AT LEAST 10 WORKING DAYS IN
 ADVANCE OF PRE-PLANNED
 PROJECTS and 15 WORKING
 DAYS IN ADVANCE FOR ALL
 OTHERS!***

Return To:

Joy Taylor
Constituent Services/ Events Coordinator
 1 Fourth Street
 Chester, PA 19013
 Phone: (610) 447-7724
 Fax: (610) 447-7735

CLEANUP & BEAUTIFICATION PROJECT REGISTRATION FORM:

Name:

Group:

Address:

City:

State:

Zip:

Phone :

Fax:

E-mail:

Preferred project date(s):

Number of hours you plan on cleaning:

Select one: We do have a
 Pre-planned project area.

YES NO

Select one: Please assign us
 a project area.

YES NO

Desired
 Cleanup area:

To help us issue supplies, please provide as much information as possible about your project

Estimated size of cleanup*: # of blocks _____ # of streets _____ # of alleys _____ # of miles _____

(Complete for the one that best defines project size)

My Project(s) planned or desired is : a) Alley cleanup ___ b) Street cleanup ___ c) Illegal sign removal ___
d) Graffiti cleanup _____

*identify surfaces w/graffiti _____

e) Other _____

Expected # of volunteers: _____ (# children _____ # teens _____ # adults _____

of families _____)

Check the supplies you can provide: Trash bags ___ Gloves ___ Safety vests ___ Trash grabbers ___

Rakes ___ Push brooms ___ Shovels ___ Graffiti cleanup supplies _____

Check supplies needed: Trash bags ___ Gloves ___ Safety vests ___ Trash grabbers ___

Rakes ___ Push brooms ___ Shovels ___ Graffiti cleanup supplies _____

Supplies are provided on first-come, first-served bases and based on available inventory and scope of project. By accepting city-issued supplies, volunteers agree to use these supplies according to guidelines provided. Arrangements must be made for supplies to be picked up from and returned to our facility within 1 business day of project.

Please use the space below additional comments:

COMPLETE & RETURN SECTION BELOW WITHIN 1-WORKING DAY OF PROJECT COMPLETION

Cleanup tools and unused supplies must also be returned within 1-working day of project completion!

Today's Date: _____ Project Completion Date: _____

Name of group/volunteer(s): _____

Contact name: _____

of hours on project: ____ # of volunteers: ____ (# of: adults ____ youth ____)

Project location (examples: 2nd to 6th/Highland Ave; 3200 block of Hayes St.;)

Project type(s) – check all that apply: Alley cleanup ____ Street cleanup ____ Graffiti removal ____

Illegal sign removal ____ Other (describe) _____

If graffiti removal, indicate items cleaned (e.g. dumpsters, poles)

Project size - area covered – check all that apply: # of Alleys ____ # of Streets ____ # of Blocks ____ # of miles ____ # of bags filled ____ approximate # of graffiti sites cleaned ____

Location of trash and large items to be picked up by City crews (intersections, alleys, etc.), if any:

Strangest item(s) found during cleanup: _____

RETURN FORM IN PERSON or BY MAIL:
City of Chester Community Cleanup & Beautification Project Attn: Joy Taylor
1 Fourth Street Chester, Pennsylvania 19013
- QUESTIONS -
CALL 610.447.7724
www.chestercity.com