

**2012 NEIGHBORHOOD CLEAN-UP
APPLICATION FORM**

**City of Wichita/Office of Central Inspection
455 N. Main-7th Floor, Wichita KS 67202
Phone 268-4481 Fax 268-4663**

Neighborhood Association: _____

Contact Person: _____

Mailing Address: _____

Phone #: _____ **Alternate #:** _____

E Mail Address: _____

Date Preference: _____ **Alternate Date Preference:** _____

Scheduled Time Period: _____

Number of Skid(s) (dumpsters) Requested: _____

Number of Packer(s) (trucks) Requested: _____

Specific Location of skid(s) – if applicable: _____

Starting location/Staging (meeting) Area: _____

Clean-Up Area/Boundaries: _____

Tire truck requested:

Contact Person Signature: _____ **Date:** _____

Association President Signature: _____ **Date:** _____

Application Received Date (OCI use): _____

Please attach a map of the area of the cleanup and return this form to

Central Inspection after January 1st