

Oldham County Solid Waste Management
100 West Jefferson Street, Suite 3
LaGrange, Kentucky 40031
502-222-1476

LITTER ABATEMENT NON-PROFIT APPLICATION

Date _____

Group Name _____

Address (for payment) _____

City _____ State _____ Zip _____

First Contact Person _____

Phone: _____ Email _____

Second Contact Person _____

Phone: _____ Email _____

Number of Participants: Adults _____ Children (10-17) _____

Availability: Please indicate which days and times are best for you

Circle one: _____ Spring _____ Fall _____ Any Time _____

	Check	Best times	(Allow about 6 hours)
Saturday	[]		
Sunday	[]		
M-F	[]		

This group has participated in the Oldham County roadside litter pickup program in the past.

YES NO If YES, when? _____

I, (Group Representative) _____ have read the
ROADSIDE LITTER PICKUP AGREEMENT.

Signature of Group Representative

PLEASE SUBMIT WITH YOUR IRS DETERMINATION LETTER