

Oldham County Solid Waste Management
100 West Jefferson Street, Suite 3
LaGrange, Kentucky 40031
502-565-1007

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 seasons are best for you

Circle one: _____ Spring _____ Fall _____ Any Time _____

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 THE *IRS DETERMINATION LETTER FOR THIS GROUP
AND SIGNED LITTER ABATEMENT AGREEMENT**

*Call to see if this letter is already on file in this office.