

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

LITTER ABATEMENT NON-PROFIT GROUP APPLICATION

Date_____

Group Name_____

Group Mailing Address_____

City_____ State_____ Zip_____

First Contact Person_____

Phone:_____ Email_____

Second Contact Person_____

Phone:_____ Email_____

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

ROUTE CHOICES

Long route (10+ miles) once per year _____

Short route (1-5 miles) three to six times per year _____

Both choices pay the same amount as described in the Agreement

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 and agree to its terms.

Signature of Group Representative

**PLEASE SUBMIT WITH THE *IRS DETERMINATION LETTER FOR THIS GROUP
OR ITS SPONSORING AGENCY AND SIGNED LITTER ABATEMENT AGREEMENT**

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