



PARK CLEANUP REQUEST FORM

City of Syracuse Department of Parks, Recreation & Youth Programs
412 Spencer Street, Syracuse, New York 13204

ORGANIZATION INFORMATION

REQUESTING ORGANIZATION: _____

NAME OF APPLICANT/REPRESENTATIVE: _____

ADDRESS: _____
STREET CITY STATE ZIP

DAYTIME PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____

CLEANUP INFORMATION

PROPOSED PARK LOCATION(S) FOR CLEANUP: _____

PROPOSED DATE FOR CLEANUP: _____ TIMES: _____

DESCRIBE THE PROPOSED PROJECT (Please specify the activities such as trash pickup, weeding, raking):

NUMBER OF VOLUNTEERS: _____

CAN OUTSIDE VOLUNTEERS JOIN YOUR CLEANUP EFFORTS? YES NO

LIST OF TOOLS YOU ARE REQUESTING (Tools are made available in a limited number per group):

RESPONSIBLE PERSON IN CHARGE OF THE BORROWED TOOLS:

My signature below indicates that I am taking responsibility on behalf of our organization/group of volunteers and understand that all tools must be returned to the Parks Department. If they are not returned, our organization will be charged the cost of replacing the tools.

Signature: _____ Date: _____

Print Name: _____

IN ORDER TO SCHEDULE YOUR GROUPS CLEANUP PLEASE SEND THIS COMPLETED FORM
TO CASEY CREGG AT CCREGG@SYRGOV.NET OR FAX IT TO 315-428-8513