



# COLUMBIA SHUSWAP REGIONAL DISTRICT

PO Box 978, 555 Harbourfront Drive NE, Salmon Arm, BC V1E 4P1 | T: 250.832.8194 | TF: 1.888.248.2773 | [www.csr.bc.ca](http://www.csr.bc.ca)

## Clean-Up Event Request for Waiver of Refuse Disposal Fees Community Clean-Up Campaign

Applicant		
Last Name:	First Name:	
Community Group:		
Address:		
City:	Province:	Postal Code:
Telephone:	Fax:	Email:

<b>Specific Area of Clean-Up (additional space on reverse side) *Photos if available</b>

<b>Date of Clean-Up Event:</b>	
--------------------------------	--

<b>Refuse Disposal Facility Receiving Clean-Up Materials:</b>	
---	--

<b>Number of Vehicles/Loads of Refuse to be Delivered to Refuse Disposal Facility:</b>	
--	--

On behalf of the organization I represent, I hereby agree to adhere to the conditions and requirements of CSR D bylaws regulating activities at refuse disposal facilities and agree to follow the instructions of attendants of the refuse disposal facility to which my organization delivers materials collected during this clean-up event. I understand that materials normally prohibited from disposal will not be accepted during this event.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**THIS REQUEST IS SUBJECT TO CSR D APPROVAL**

Clean-Up Details

--

IMPORTANT NOTICE

This initiative has been made available in the interests of promoting community pride and discouraging the indiscriminate dumping of refuse. Please remember that the intent of this program is to facilitate the clean-up of litter from parks, trails, forestry access roads and other public property. Items that will not be accepted under this initiative will include *land clearing debris, brush, branches and other vegetation, farm animal carcasses, auto hulks and parts, lead acid batteries, log yard wastes, semi-solid wastes, smoldering or burning ashes, tires, hazardous wastes, or liquids.*

FOR CSRD USE ONLY

Date:	Meets Criteria:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Electoral Area/Municipality of Proposed Community Clean Up Event:			
Authorized by:			
Date Issued:	Waiver No.		

Please forward completed application form to [operations@csrd.bc.ca](mailto:operations@csrd.bc.ca) or fax to 250.832.1083.