Community Pride Cleanup Supply Trailer Application Form

Project Coordinator ______________________________________________________________

Phone (Daytime) __________________________  Cell Phone___________________________

Coordinator Address____________________________________________________________

E-mail ________________________________________________________________________

Driver’s License Number or State ID Card (attach copy) ______________________________

Neighborhood/Project Name _____________________________________________________

Organization Name (if applicable) _________________________________________________

Number of volunteers involved (minimum of ten) ____________________________________

Trailer can be dropped off or picked up Monday thru Saturday between 8:00am ~ 2:00pm

List date(s) below.

<table>
<thead>
<tr>
<th>Trailer Drop Off Date/Time</th>
<th>Trailer Pick Up Date/Time</th>
<th>Cleanup Description/Location</th>
<th>Parking Location of Trailer</th>
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Submit completed form to:
KMCB/ Montgomery County Solid Waste District, 2550 Sandridge Drive, Moraine OH 45439
Or FAX to 937-496-3363
Or E-mail to HoffmanC@mcohio.org
Project Coordinator Responsibilities and Waiver Form

The undersigned participant hereby certifies the following: (please initial each item)

_____ I will work with Montgomery County and any local authority to determine a proper parking location for the Community Pride Cleanup Supply Trailer (CPCST) and agree to meet the driver at the location when the trailer is delivered and picked up.

_____ I am over the age of 18 and will be using the equipment in the CPCST within Montgomery County, Ohio.

_____ I will ensure all participants using the equipment from the trailer are at least 18 years old and have completed all waivers.

_____ I understand the written instructions on the proper operation and maintenance of the power equipment is in the binder labeled “Montgomery County Community Pride Cleanup Supply Trailer Operator’s Manual” stored inside the CPCST.

_____ I will operate all equipment as instructed by the manufacturer’s safety guidelines and in conformance with the instructions in the Operator’s Manual.

_____ I will return any borrowed items from the CPCST clean and in working order.

_____ I understand I am responsible to pay for the replacement of any items from the CPCST not returned in the condition in which they were received (excluding normal wear and tear).

_____ I will not use the CPCST or the items in the CPCST for commercial purposes.

_____ I understand the use of this equipment may be dangerous and can result in injury or death. I agree to defend, indemnify, hold harmless, and release Montgomery County and any of its departments, agencies, offices, officers and employees from all damages, claims, liabilities and expenses, including attorney’s fees and legal costs, arising or resulting in any way from delivery, placement, presence, servicing and use of the CPCST and the equipment stored within.

_____ From the time the CPCST is delivered and placed until such time as it is removed by Montgomery County, the Project Coordinator will defend, indemnify, hold harmless and release the county and any of its departments, agencies, offices, officers and employees from all damages, claims or liabilities and expenses, including attorney’s fee and legal costs, arising or resulting in any way from delivery, placement, presence, servicing and use of the CPCST and equipment stored within.

_____ I will ensure the CPCST is secured when not being used and all items will be returned. I will meet Montgomery County at the drop off location to inventory the CPCST Equipment List, and return all items identified thereon to Montgomery County.

_____ I agree to compensate the Montgomery County Board of County Commissioners for any and all items identified on the Equipment List, which are not returned to Montgomery County for any reason by the date and time identified above.

_____ I will ensure the trailer is free of trash and debris upon return.

_____ I agree to complete and return the Cleanup Summary Report to MCSWD within seven days of the completion of this/each project.

Coordinator Signature ___________________________________________ Date ______________

Official Use Only

Coordinator’s Name______________________________________  Phone Number ________________________

CPCST_________ NPT_________ Roll-Off_________

Drop of Date____________________  Pick Up Date____________________

Drop of Time ________________  Pick Up Time______________

Parking Location of Litter Trailer:________________________________________________________________

Clean-up Summary Report Completed: ____________________________________________________________