

City Neighborhood Clean Up Request Form

First Name _____ Last Name _____

Address _____

City Butler State PA Zip Code 16001

Phone _____ Alternate Phone _____

Email Address _____

Do you have any disabilities? _____

Are you 60 years of age or older? _____

Do you have any family or friends that can assist volunteers? _____

(Adult Children, Neighbors, or Relatives)

Homeowners are responsible for informing the volunteers of any special considerations in the landscaping that they desire.

The city will supply heavy duty trash bags and you will be responsible for disposal of such bags via trash collection.

I hereby hold harmless Butler City Shade Tree and Butler City and it's directors, officers, employees, and agents from any and all liability, claims, costs, or expenses related to any injury, damage, or loss that may occur during my participation in volunteer activities. I understand that I am participating in these activities voluntarily and with knowledge of the inherent risks involved.

Signed _____ Date _____