Neighborhood Clean-Out Program Application

Program Scope *(please read):*

- One-day neighborhood clean-out event with a Rumpke provided dumpster provided by the Township *(no charge; subject to funding and availability).*
- Eligible time windows: Weekdays 8:00 AM–4:00 PM or Saturdays 8:00 AM–12:00 PM.
- Placement & removal will be scheduled by Township staff & Neighborhood
- Follow-up: A brief post-event survey is required to confirm proper use and help improve the program.

Section A — Neighborhood & Primary Contact

1) Neighborhood/Area Name: _____

2) Closest Intersection/Placement Block: _____

3) Primary Contact *(Lead Coordinator):*

- Name _____ Phone _____ Email _____
- Street Address _____

Section B — Neighborhood Team *(minimum of 3 required)*

Leader #1:

Name _____

Phone _____ Email _____

Leader #2:

Name _____

Phone _____ Email _____

Leader #3:

Name _____

Phone _____ Email _____

*Additional Leaders/ Volunteers can be provided on a separate page or email.

By listing leaders, you confirm each person has agreed to: (a) help promote the event, (b) be on-site to monitor the dumpster, and (c) ensure proper use.

Section C — Preferred Date*(s)* & Time Window

Select up to three preferred dates *(ranked)* and the applicable time window.

1st choice date: ___ / ___ / 20___ ☐ Weekday 8:00 AM–4:00 PM ☐ Saturday 8:00 AM–12:00 PM

2nd choice date: ___ / ___ / 20___ ☐ Weekday 8:00 AM–4:00 PM ☐ Saturday 8:00 AM–12:00 PM

3rd choice date: ___ / ___ / 20___ ☐ Weekday 8:00 AM–4:00 PM ☐ Saturday 8:00 AM–12:00 PM

Flexibility *(check all that apply):*

- ☐ We can accept any weekday in the month of _____
- ☐ We can accept any Saturday in the month of _____
- ☐ We can accept either time window on our chosen date*(s)*

Section D — Proposed Dumpster Placement Site

1) Exact placement location *(street address or parcel/lot description):*

_____

2) Site type: ☐ Public right-of-way *(curb/parking lane)* ☐ Private property/lot

If private property, owner name & phone/email and written permission are required:

Owner _____ Phone/Email _____ ☐ Permission letter attached

3) Why this location works *(access, visibility, traffic safety, space):*

_____

_____

4) Upload/attach a site photo or sketch showing the proposed placement and traffic flow.

☐ Photo/sketch attached

Section E — Monitoring & Outreach Plan

On-site monitoring *(check all that apply):*

- ☐ At least one leader present at all times during the event
- ☐ We'll post clear signage about acceptable use and hours
- ☐ We'll close or cordon the area if the dumpster reaches capacity
- ☐ We'll discourage illegal dumping and report issues to the Township immediately

Day-of monitoring lead *(name & mobile):* _____

Outreach *(how you'll inform neighbors and drive participation):*

- ☐ Flyers
- ☐ Door-to-door
- ☐ HOA or neighborhood text/email
- ☐ Social media/Nextdoor
- ☐ Other: _____

Estimated participating households: _____

Any special assistance requested from Township staff *(visibility/coordination):*

_____

Section F — Post-Event Follow-Up

Survey contact – Select one to receive and submit the required post-event survey within 7 days:

Leader 1 ☐ Leader 2 ☐ Leader 3 ☐

Section G — Acknowledgements *(required)*

- The dumpster is for a single day only, within the selected time window.
- Township staff will schedule delivery and removal to minimize misuse.
- Our team will monitor use, discourage illegal dumping, and stop use if full.
- We will complete the post-event survey and confirm the dumpster was used properly.
- We understand selection depends on availability and funding.

Signatures *(3 leaders required):*

1) _____ Date _____

2) _____ Date _____

3) _____ Date _____

Section H — Optional Notes

_____

_____

For Office Use Only — Review & Decision

Completeness: ☐ App complete ☐ Missing info: _____

Leaders verified *(≥3):* ☐ Yes ☐ No

Site suitability: ☐ Yes *(public ROW / private w/ permission)* ☐ Needs revision

Notes on access/traffic/safety: _____

Preferred date feasible: ☐ Yes ☐ Alternate offered: _____

Township scheduling capacity *(dept availability):* ☐ Yes ☐ No

Past compliance *(if repeat):* ☐ Satisfactory ☐ Concerns: _____

Decision: ☐ Approved ☐ Denied ☐ Pending/Revise

Reason / Conditions *(if any):*

_____

Assigned date & window: _____ ☐ Weekday 8–4 ☐ Saturday 8–12

Staff initials / date: _____

Submission

Email or deliver the completed form *(and any attachments)* to:

Harrison Township Administration

Shill@harrisontownship.org

937-890-5611

5945 N. Dixie Drive, Dayton OH 45414