## Trash the Poop Pet Waste Station Application

### About the Applicant

1. **Primary Applicant's Name:** Click here to enter text.
2. **Primary Applicant is a:** (check one)
[ ]  Non-profit (501(c)3) [ ]  Government/School [ ]  Business [ ]  Individual [ ]  HOA/Neighborhood
3. **Primary Applicant's Contact Information**

**Contact Person** (if not an Individual)**:** Click here to enter text.

**Mailing Address:** Click here to enter text.

**E-mail:** Click here to enter text. **Phone:** Click here to enter text.

1. [ ]  **Check this box if you agree to the attached O&M expectations and costs**
2. **List the team members who will promote the Trash the Poop program in your area:**(Include at least 3 people)

Click here to enter text.

### About the Location

1. Click here to enter text. **Expected number of area residents who will participate.**
2. **Area/neighborhood where the pet waste station will be installed:**

Click here to enter text.

1. **Briefly describe why your area needs a pet waste station:** (Max: 100 words)

Click here to enter text.

Primary Applicant's Signature Date