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## **BLITZ PROJECT REGISTRATION**

You may prefer to submit your request using our online form at brightsidestl.org/blitz

Project Information							
Project Date: Project Times:							
Project Location:							
Type of Project:	Clean-up						
Please describe your pro	ject: ( <i>ex. pick up l</i>	itter in streets/alleys, plant flowers, pull weed	/s)				
Project Leader Name:							
Organization:							
Mailing Address:Zip:							
Email Address:							
Best Phone # To Reach You:Alternate #:							
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Volunteer Information							
Number of volunteers ex	rpected:						
Please identify your sour	ce of volunteers:	(check all that apply)					
Neighborhood Res	idents _	School or Church Group	Scout Troop				
Business or Compa	any _	Court-Ordered Community Service	Other				
Please list the name(s) o	f organization(s) p	providing volunteers:					
Is your project open to the	he public?Y	es, anyone can join usNo, only our volu	inteers are invited				

## TURN OVER TO REQUEST TRASH BAGS AND TOOLS



This activity is financed in part through an allocation of Community Development Block Grant funds from the Department of Housing and Urban Development and the City of St. Louis' Community Development Administration.



## TRASH BAG AND TOOL REQUEST FOR BLITZ PROJECTS

The borrower must present a state photo ID at the time of tool pick-up. A minimum \$30.00 replacement fee will be charged to the borrower for each tool not returned by the tool return date.

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Tool Request Information	<u>on</u>							
Date tools will be picked	Date tools will be returned:							
					een 8:00 a.m. and 4:00 p.m.			
Help loading and unloading tools available at 3:00 p.m. For tool pick-ups/returns outside of these days/hours								
please make special arrangements with Brightside. The Brightside office is closed on weekends and holidays.								
	Please Fill Out This Column Only	size of your project area and the number of volunteers that will be working. For example, an alley clean-up with 10 volunteers may need 2 flat-edge shovels, 3 leaf rakes, 3 push brooms and 1 roll of						
	NUMBER	NUMBER	NUMBER	NUMBER	NOTE/COMMENT			
	REQUESTED	BORROWED	RETURNED	MISSING				
TRASH BAGS (rolls)				NA	25 bags per roll			
PAIRS OF GLOVES					Please wash before return			
LITTER GRABBERS								
PUSH BROOMS								
FLAT SHOVELS								
SPADE SHOVELS								
LEAF RAKES								
HARD RAKES								
HAND WEEDERS								
HAND TROWELS								
RECYCLING ROLLCARTS					Rollcarts are 32 gal. in size.			
OTHER—SPECIFY (safety vests, buckets, etc.)								
Tool Borrower Name: Tool Borrower Phone:								
MO Drivers License or State ID Number:								
I understand that I am responsible for returning all of these tools AND I will be charged a minimum of								
\$30.00 for each tool not returned BORROWER'S INITIALS DATE								

How many volunteers participated?\_\_\_\_\_ How many recycling carts were filled?\_\_\_\_\_

For Office Use Only: