



MAKE it YOURS Agreement

Organization/Group Name: _____

Group Leader/Contact Person: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Secondary Phone: _____

Email Address: _____

Exact Organization/Group name and spelling to be printed on sign:
Please print clearly and remember a simpler name will be easier to read.

" _____ "

Our group recognizes the desirability of litter free communities and agrees to participate in the **MAKE it YOURS** program by caring for (describe the area below):

For a period of 2 years beginning on _____ (Date)

We have read and understand all the provided program guidelines and will abide by them and any other requirements of Waste Commission of Scott County's iLivehere program for participation in **MAKE it YOURS**. We agree to conduct a minimum of 2 cleanups per year for a period of 2 years.

Participating Group's Authorized Representative:

Print Name Signature Date

Waste Commission of Scott County / iLivehere Representative:

Print Name Signature Date