

Community Pride Application

Date of Service: _____

Name: _____

Association Name: _____

Address: _____

Phone Number: _____

Cell Number: _____

E-mail: _____

Point of Contact during Event: _____

Point of Contract Phone & Cell Number: _____

Where do you wish the box to be placed (details)* _____

*draw map on reverse if necessary.

Special Instructions: _____

The undersigned understands that the Rappahannock Regional Solid Waste Management Board (R-Board) is providing _____ (HOA) a container as part of the Community Pride Program. The undersigned HOA will be responsible for the management of the container while it is on site. No hazardous chemicals, pesticides, paint or petroleum or household waste or commercial contractor debris, etc. will be disposed of in this container, only items you have wanted to discard but did not have time to do so. The undersigned HOA will also be responsible for any trash accumulation after the R-Board container has been removed from the site for the last time. By signing this application, the R-Board, Stafford County and its employees, officers, and agents will not be liable for any damages to HOA property, which may result from such placing of containers being provided by the landfill staff.

Authorized HOA: _____

Date: _____

Witnessed By: _____