



Project Clean Neighborhood Application

Thank you for your interest in hosting a Project Clean Neighborhood event in your neighborhood. The goal of this program is to assist McAllen residents in maintaining the cleanliness and beauty of their neighborhoods by providing them with a means to dispose of large amounts of trash and debris that might otherwise be illegally dumped.

Project Clean Neighborhood Request Process:

1. Fill out the Project Clean Neighborhood application packet and return to Keep McAllen Beautiful

By Mail: Keep McAllen Beautiful
 P.O. Box 220
 McAllen, TX 78505

By Fax: (956) 681-4066 Attn: Keep McAllen Beautiful: PCN

In Person: 4101 N. Bentsen Road

By Email: KMB@mcallen.net

Application Checklist:

- Have you included both the Project Clean Neighborhood Agreement and Project Clean Neighborhood Request Form?
- Have you enlisted the participation of at least 15 neighbors?

Event dates will be scheduled on a first-come, first-serve basis and are subject to availability for your zone area.

1. Once your form is received, Keep McAllen Beautiful staff will contact you to schedule your event date as well as briefly review the logistics of the program and answer any questions you may have at that time.
2. Approximately 2 weeks prior to your event, you will receive informational Project Clean Neighborhood brochures along with city brush, trash, and recycling pick-up schedule, and a list of recyclable materials. The Neighborhood Representative will be asked to hand these packets out to each resident to inform them of the upcoming event and to let them know the types of items that may be placed into the containers.
3. Host your Project Clean Neighborhood event. As the representative, you will need to maintain the area around each roll-off container(s) so that it is left free of debris once the roll-off container(s) is removed.
4. Evaluate your experience as the Neighborhood Contact and share your input as to how we can improve the program.
5. A Project Clean Neighborhood event may be scheduled once every 12 months (annually).



Project Clean Neighborhood Agreement

NEIGHBORHOOD REPRESENTATIVE: _____

ADDRESS: _____

DAY PHONE: _____ CELL PHONE: _____ EMAIL: _____

NAME OF SUBDIVISION: _____

Request Date for Clean Up : (if available) _____

District #/Commissioner: _____

PROPOSED LOCATION(S) FOR ROLL-OFF CONTAINER(S):

***By signing below, residents living in these locations agree to have a roll-off placed on the street next to their residence for the duration of the event.**

(Roll-offs will be placed so as not to block driveway, fire hydrant, residence entrance, or mailbox.)

Street Address:

Resident Signature:

Have you contacted residents in your neighborhood who may be in need of assistance with disposing of their items? Yes () No ()

Please submit a list of all homeowners participating (15 minimum) in this clean-up. Please include their name, address, and home phone number on the attached participant list.

Are you aware that the City of McAllen DOES NOT accept any of the following materials in the roll-off containers?

Food waste	Yes () No ()
Remodeling debris (shingles, tile, carpet, drywall)	Yes () No ()
Block, dirt, gravel, concrete, building blocks, bricks	Yes () No ()
Appliances containing Freon	Yes () No ()
Tires	Yes () No ()
Household Hazardous Waste	Yes () No ()
(Including oil, antifreeze, paint, batteries, propane tanks, etc.)	

Your cooperation in monitoring the containers for proper usage is greatly appreciated. This allows us to continue to offer the Project Clean Neighborhood program without additional costs, for the beautification of our McAllen neighborhoods.

I am the contact person for this event and accept fiscal responsibility for the coordinating of this Project Clean Neighborhood event. I have read all accompanying materials including the list of Acceptable/Non-Acceptable items.

The participants requesting service shall hold the City of McAllen harmless from all claims by the homeowner(s) or any other party as a result of injury, damage to property or trespass.

The participants requesting the roll-off container(s) are responsible for the proper loading of the container(s). Contents must be distributed equally and level with the top of the container(s) to prevent possible damage to the property or City of McAllen equipment.

Initials

Date

I am the contact person for this event and accept the physical responsibility for the coordination of this Project Clean Neighborhood event.

Initials

Date

I understand that I will be responsible for coordination and dissemination of event informational flyers to each home in my neighborhood.

Number of flyers needed: _____ (* required)

Neighborhood Representative Responsible for Flyer Distribution

Date

Project Clean Neighborhood Request Form

By signing up to participate in this clean-up event, I understand that I am authorizing the City of McAllen to place a roll-off in front of my home if necessary.*

- * Signing does not mean that a box will be placed in front of your home.
- * For safety considerations, all boxes will be placed on the same side of the street.
- * Placement of containers is subject to final approval by Solid Waste Division to ensure that container location does not violate City code or compromise resident or employee safety.

	NAME	ADDRESS	HOME PHONE NUMBER	SIGNATURE
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
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15.				