

**REQUEST TO PARTICIPATE IN THE CITY OF COLUMBUS
STORM DRAIN MARKING VOLUNTEER PROJECT**

Yes! I am interested in participating in the City of Columbus "No Dumping, Drains to River" storm drain marking project.

I request _____ (quantity)* curb markers by _____ (date).

**Please round your request to the nearest number divisible by 15; each tube of glue is enough for about 15 markers. Requests for more than 90 will not be filled until the first batch is completed.*

Date of Request: _____

We plan to use them sometime in (month/year): _____

The area we plan to apply them is: _____

(subdivision or neighborhood area name), **which is within the street boundaries of:**

(north/south and east/west boundaries or as close as you can describe):

From _____ **to** _____ **&**

From _____ **to** _____

Name: _____

Group (if applicable): _____

Ages of children if applicable: _____

Mailing address: _____

City, St, Zip: _____

Phone #: _____

E-mail address: _____

In submitting the request, the applicant agrees to follow all instructions carefully and to apply the markers only to storm drain inlets located within the City of Columbus. The applicant must be over the age of 18 and assumes responsibility for the safety and supervision of volunteers. Adult supervision of those under 18 is recommended.

If you would like educational materials for your group, please indicate quantity:

River Ranger booklets (designed for children, 3rd - 5th grade level) **Quantity:** _____

We All Live Downstream guides (for adults and older children; distributed to Columbus homes via neighborhood newspapers each spring) **Quantity:** _____

Comments: _____

Send to:

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Fax 724-0144