



KANSAS CITY
MISSOURI

NEIGHBORHOOD CLEAN-UP ASSISTANCE PROGRAM

DUMPSTER REQUEST FORM

Neighborhood name: _____

Neighborhood contact: _____

Telephone number: _____

Contact on event day: _____

Telephone number on event day: _____

Date submitted: _____

Email: _____

Fax: _____

Please complete and return this form to:

NCAP Program
Department of Public Works
414 E. 12th Street
City Hall, 23rd Floor
Kansas City, Mo., 64106

Or fax to 816-513-1418 **no later than three weeks prior** to the neighborhood cleanup.

Please attach a check or money order in the amount of \$60.00 **per dumpster** to this form.

Check or money order must be made payable to: **City Treasurer**

Receipt confirmation required: Yes ___ No ___

DATE NEEDED	QUANTITY	PLACE DUMPSTER AT THIS ADDRESS	INTERSECTION OF	ZIP CODE	TRASH	LEAVES & BRUSH

For more information, please go to www.kcmo.org/trash