



Neighborhood Cleanup 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
Public Works Department, Solid Waste Division
414 E. 12th Street
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 \$55 **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 In Front of this Address	Intersection Of	Zip Code	Trash	Leaves & Brush

For more information, please go to <http://www.kcmo.org/trash>.