

## **Community Clean Up Program Claim Form**

We		have completed	hours of community clean up on
(Name of Group/Organization)		(Number)	
		(Location)	<del>-</del>
Date		Signature	
Cheque Informat			
Make Cheque Payable to (Nam	e of Group/Organization):		
Mailing Address:			
Mailing Address.			
Town:	Province:	ŀ	Postal Code:
	Please su	ibmit your completed form to:	
		f Whitecourt Municipal Shop	
		Attn: Town Shop Clerk	
	RE: Commun	nity Clean Up Program Claim Forn 3410 35 Avenue	n
	Wh	itecourt, Alberta T7S 0B5	
		,	
Town of Whiteco	urt Office Use On	nly	
Group Number:			