



# The Lorain County Commissioner's Litter Strike Team

226 Middle Avenue Fourth Floor Elyria, Ohio 44035 440-329-5000 Fax 440-323-3357

## Assistance Request Form

### Community Information (Person filing for assistance)

Community \_\_\_\_\_ Date \_\_\_\_\_

Requestors Name \_\_\_\_\_

Department or Title \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax \_\_\_\_\_

### Contact Information (Person we contact for information on location)

Contact \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax \_\_\_\_\_

Hours Available \_\_\_\_\_

Alternate Contact \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax \_\_\_\_\_

Hours Available \_\_\_\_\_

### Completion Summary and Report (Person to receive Report)

Mail to \_\_\_\_\_

Attention \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax \_\_\_\_\_

### Office use only

Date Received \_\_\_\_\_ Date Dispatched \_\_\_\_\_ Control # \_\_\_\_\_

**Location of Problem Area**

Control No. \_\_\_\_\_

Street Address \_\_\_\_\_ City or Township \_\_\_\_\_

If no street address please provide accurate and detailed directions to location.

\_\_\_\_\_  
\_\_\_\_\_

Public Property       Private Property

**Description of Problem**

- |                                 |                                     |                                    |
|---------------------------------|-------------------------------------|------------------------------------|
| <input type="checkbox"/> Litter | <input type="checkbox"/> Tree Limbs | <input type="checkbox"/> Furniture |
| <input type="checkbox"/> Weeds  | <input type="checkbox"/> Rubbish    | <input type="checkbox"/> Tires     |
| <input type="checkbox"/> Grass  | <input type="checkbox"/> Appliances |                                    |

Is this problem unique or re-occurring? \_\_\_\_\_

If re-occurring is there a group or organization in your community we could contact as a potential Adopt-A-Spot candidate?

No       Yes      Name of organization \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**To be filled out by crew chief**

Received Date \_\_\_\_\_ Date Dispatched \_\_\_\_\_ Time Dispatched \_\_\_\_\_ Return Time \_\_\_\_\_

Time on Job \_\_\_\_\_ Number in Crew \_\_\_\_\_ Total Man Hours \_\_\_\_\_

**Equipment Used**

- |                                  |                                    |                                  |
|----------------------------------|------------------------------------|----------------------------------|
| <input type="checkbox"/> Van     | <input type="checkbox"/> Mower     | <input type="checkbox"/> Chipper |
| <input type="checkbox"/> Pickup  | <input type="checkbox"/> Brush Hog | <input type="checkbox"/> Vacuum  |
| <input type="checkbox"/> Trailer | <input type="checkbox"/> Trimmer   |                                  |

Bags of trash collected \_\_\_\_ Tires \_\_\_\_ Appliances \_\_\_\_ Furniture \_\_\_\_ Misc. \_\_\_\_\_

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_