

THE MAYOR'S ANTI-GRAFFITI TASK FORCE

NYCLEAN COMMUNITY PROJECT

N°. _____

COMMUNITY GROUP: _____

BOROUGH: BX BKLYN MAN QNS SI

LOCAL POLICE PRECINCT _____ LOCAL COMMUNITY BOARD _____

CONTACT PERSON: _____ TELEPHONE: _____

LOCATION(S) TO BE CLEANED: _____

RESIDENTIAL OR COMMERCIAL: _____

REMOVAL PLAN: _____

EVENT DATE: _____

EVENT TIME: _____

PAINT SUPPLIES REQUIRED (NOTE- 26 GALLONS MAXIMUM)

GRAY _____ BRICK RED _____ WHITE _____ TAN _____ BLACK _____

ROLLER SLEEVES _____ ROLLER FRAMES _____ TRAYS _____ POLES _____ BRUSHES _____ DROP CLOTHS _____

NOTICE: All clean-ups will be monitored after the event to ensure proper use of supplies. You must obtain a consent waiver from a private property owner. Additional forms are available upon request. Please include waivers with the application.

Signature

Date

Fax this form to (212) 788-7819,
or mail to:

Mayor's Paint Program
Office of the Mayor, Community Assistance Unit
100 Gold Street, 2nd Floor
New York, NY, 10038 (212) 788-7413

Organization Verified by: _____ Date: _____

Waivers Verified by: _____ Date: _____

Project Completion Verified by: _____ Date: _____