

Beautification Days: Project Work Sheet

www.beautificationdays.com



Name: _____

Address: _____

Phone Number: _____

Brief Description of work that needs to be done:

Include type of work, heavy, light, hours required, contact person if different than above:

Tools Required:

Chain Saw _____

Shovels, rakes _____

Trimming Equipment: _____

Truck _____

Disposal Requirements:

Appliances: (specify type) _____

Furniture: _____

Tires: _____

Organic: _____

Hazardous - Paint, oil, chemicals _____

Process information:

Workers assigned: _____

Scheduled Time: _____

Below are numbers you can call to volunteer or get additional information.

Danielle (at the Court House) 827-6942

Rita Lundgren 827-1985

Or snail mail us at :

Beautification Days

PO Box 2254

Thompson Falls, Mt 59873