



STORMWATER INLET MARKING (SwIM) APPLICATION

Name of Group: _____

Name of Contact Person: _____

Address: _____

E-Mail: _____ Telephone Number: _____

Number of Volunteers: Total _____ Youth (under 18 yrs) _____

Adult (over 18 yrs) _____

Desired neighborhood (please note multiple options): _____

Desired project start date: _____

Additional Notes: _____

Signature of Contact Person: _____

Please note:

- All groups must have at least 1 registered participating adult (18 years old or over)
- Minimum group size is 3 volunteers
- Installation may need to be rescheduled due to rain predicted within 24 hours prior to or upon completion of the project

For SJRA Use Only:

Assigned Neighborhood: _____

Assigned Date: _____ Assigned Time: _____

Waivers on File: _____ Date Submitted: _____