

GULF COUNTY BOARD OF COUNTY COMMISSIONERS

BEAR WISE FUNDING

GULFAIRE PILOT PROGRAM

APPLICATION

Name: _____

Address: _____

Street

City, State, ZIP

Phone: _____

NUMBER OF TRASH CANS: _____ **NUMBER OF KITS RECEIVED:** _____

RESIDENT SIGNATURE

DATE SIGNED

ISSUING EMPLOYEE NAME

ISSUING EMPLOYEE SIGNATURE

DATE SIGNED

DO NOT WRITE BELOW: EMPLOYEE USE ONLY

- COMMUNITY: _____
- FY: _____
- DATE KIT(S) ISSUED: _____
- NUMBER ISSUED: _____
- GRANT OR MATCH FUNDS (CIRCLE)
- COUNTY INSTALLED: YES OR NO IF SO, BY WHOM: _____
- DOLLAR AMT FOR KITS: # KITS __ X \$12 EACH = _____
- IN KIND DOLLAR AMT: # HOURS TO INSTALL X \$10.00/HR = _____
- TOTAL AMT FOR THIS APPLICATION: _____