Storm Drain Medallion Project Agreement

Project Information
Organization Name:________________________________________________  Affiliation________________________________________
City/Town:________________________________________

Primary Contact
Name:________________________________________________________          Role:______________________________
Phone:_____________________________

Secondary Contact (required if primary contact is under 18)
Name:________________________________________________________          Role:______________________________
Phone:_____________________________

Target Installation Date: _______________
Target Area:
_____________________________________________________________________________________________________________________
_____________________________________________________________________________________________________________________
_____________________________________________________________________________________________________________________

# of Medallions __________                                 # Glue Tubes ___________
Materials & Tools Provided:
# of Wire Brushes  __________                          # Paint Brushes ___________         # of Safety Vests_____________

SCARCE STAFF USE
$25.00 cash deposit received by _________on ______

By signing this agreement I understand that:

- I am responsible for returning all brushes and safety vests in working order as well as any unused medallions or glue. Failure to return any item will result in a forfeiture of the full cash deposit.
- I must have each participant sign a waiver that I will collect and turn in with the above materials.
- I must also complete the online Final Project Summary form in order to receive my cash deposit.
- I have reviewed the installation instructions and video and will ensure proper application of the medallions.
- I must notify SCARCE if there is any major change to the installation location of the storm drain medallions before installation.

_____________________________________      __________________________________________
Printed Name of adult if primary contact     Signature Date

_____________________________________      __________________________________________
Printed Name of primary contact     Signature Date

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