



KEEP AMERICA BEAUTIFUL AFFILIATE

# Cigarette Litter Prevention Program

## *Cigarette Litter Bin Agreement Form*

Facility/Location Name: \_\_\_\_\_

Address (Physical & Mailing): \_\_\_\_\_  
\_\_\_\_\_

Facility/Location Telephone Number: \_\_\_\_\_

Business Email Address: \_\_\_\_\_

Primary Contact Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Secondary Contact Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

**Please initial next to each statement to show your understanding of the maintenance agreement.**

\_\_\_\_\_ All maintenance/upkeep of cigarette litter bins, provided by Keep South Carolina Beautiful (KSCB), is the sole responsibility of the volunteer.

\_\_\_\_\_ Recycling cigarette butts with pre-paid postage, provided by KSCB, is required to receive cigarette litter bins.

\_\_\_\_\_ KSCB will replace receptacles in the event they are stolen or damaged due to natural disasters.

\_\_\_\_\_ KSCB will not dispose of any cigarette butts collected in the receptacles. KSCB will not install or remove receptacles.

\_\_\_\_\_ Before installation of bins, a cigarette litter butt count will be done and submitted to KSCB. After installation a count will need to be done after 6 months and after 1 year of the bin being installed. Report is submitted back to [mcoffey@palmettopride.org](mailto:mcoffey@palmettopride.org).

Signature \_\_\_\_\_ Date \_\_\_\_\_