



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 jberry@palmettopride.org.

Signature _____ Date _____