



Public Health
Prevent. Promote. Protect.

Canton City Public Health
Environmental Health

2020 BEAUTIFY A NEIGHBORHOOD (BAN) APPLICATION

Organization or Individual's name: _____ Date: _____

If an Organization, name of contact: _____ Phone: _____

Address: _____ Email: _____

Date Preferred: _____ Back-Up Date: _____

(See dates listed below. Approved on first come basis.)

Reason for request: _____

Will neighborhood residents assist? (Y/N) _____ Projected number: _____

Area to be covered: _____

****Please Note**** The BAN program is designed to be a PARTNERSHIP between the City and its neighborhood organizations. By definition, this requires a degree of participation by the individuals living in the neighborhoods and the organization requesting a BAN date. Any scheduled BAN event WITHOUT participants from the neighborhood attending and participating in the clean-up will result in the event being cancelled.

Dates:	April 18th-20th	May 2 nd -4 th	May 16th-18th
May 30-June 1 st	June 13 th -15 th	June 27 nd -29 th	July 11th-13th
August 15 th -17 th	August 29 th -31 st	September 12 st -14 th	September 26 th -28 th
October 3rd-5th	* Strikethrough means the date has already been reserved by another group. *		

If you have questions, contact Gus Dria at 330-438-4647. Completed applications can be mailed, faxed or emailed (gdria@cantonhealth.org).

After review of the application, the organization/individuals will be notified if approved or denied.

Office use only: Date Received: _____ Time noted: _____

Meet objective (y/n) _____ Approved(y/n) _____ Reviewed by: _____ Date Notified: _____

Reason for disapproval: _____