

COALITION TO STOP ILLEGAL DUMPING

Participation/Function Form

Organization: _____

Contacts: _____

Name	Phone #	Email
_____	_____	_____
_____	_____	_____
_____	_____	_____

Which of the following functions would best describe how you see your organization's participation in this illegal dumping coalition?
(Check all that apply.)

Enforcement _____ Volunteer Training _____ Volunteer Hotline _____ Legislation _____
Community Education _____ Enforcement Training _____ Media _____ Recruitment _____ Cleanup _____

Other (describe): _____

What sites around the island do you feel are priority/problem areas? What region of the island would be your focus area? _____

What resources are available to your organization now? _____

What resources do you need? _____

Does your organization intend to submit a proposal to the city for a project? _____

Additional comments or information.

Questions/Concerns -- City and County of Honolulu, Department of Environmental Services
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