



TAMPA'S DOWNTOWN CLEAN TEAM SPECIAL EVENT ASSISTANCE REQUEST FORM

REQUIRES 30 DAY ADVANCE NOTICE

(Final cost determined by the Partnership upon services, # in attendance, needs of event. Premium rate may apply for extended evening/holiday hours.)

Litter & trash removal during & after event, labor, waste disposal fee, equipment and supplies

NAME OF EVENT: _____	
EVENT LOCATION: _____	EXPECTED ATTENDANCE: _____
EVENT CONTACT NAME: _____	PHONE: _____
CONTACT EMAIL: _____	
ORGANIZATION: _____	
BILLING ADDRESS: _____	CITY/ST/ZIP: _____

PLEASE SELECT FEE-BASED SERVICES YOU REQUIRE:

DAY 1 DATE: _____		STAFFING TIME: _____ AM <input type="checkbox"/> PM <input type="checkbox"/> to _____ AM <input type="checkbox"/> PM <input type="checkbox"/>	
SERVICE	COST	# REQUESTED	TOTAL DAY 1 COST
Clean Team Member - Special Event Assistance (4 HOUR MINIMUM)	\$50 / Per Hour		
<i>Employee Name(s) (TO BE COMPLETED BY TDP):</i>			

DAY 2 DATE: _____		STAFFING TIME: _____ AM <input type="checkbox"/> PM <input type="checkbox"/> to _____ AM <input type="checkbox"/> PM <input type="checkbox"/>	
SERVICE	COST	# REQUESTED	TOTAL DAY 1 COST
Clean Team Member - Special Event Assistance (4 HOUR MINIMUM)	\$50 / Per Hour		
<i>Employee Name(s) (TO BE COMPLETED BY TDP):</i>			

DAY 3 DATE: _____		STAFFING TIME: _____ AM <input type="checkbox"/> PM <input type="checkbox"/> to _____ AM <input type="checkbox"/> PM <input type="checkbox"/>	
SERVICE	COST	# REQUESTED	TOTAL DAY 1 COST
Clean Team Member - Special Event Assistance (4 HOUR MINIMUM)	\$50 / Per Hour		
<i>Employee Name(s) (TO BE COMPLETED BY TDP):</i>			

GRAND TOTAL	
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Forward completed form to Jaylyn Andrews via email at jandrews@tampasdowntown.com.
Make check payable to Tampa Downtown Partnership & mail to 400 N Ashley Dr. STE 1010 Tampa FL 33602

<u>THIS SECTION TO BE COMPLETED BY TAMPA DOWNTOWN PARTNERSHIP</u>
SPECIAL INSTRUCTIONS: _____

