

PARK PLAYGROUND ACCESSIBILITY AND RECYCLING GRANT PROGRAM

TO REQUEST AN APPLICATION, CHECK THE FOLLOWING:

Mailed on IBM compatible disk (check format below)

Word 6.0

Word 97

Application mailed in hardcopy format

PROVIDE THE FOLLOWING INFORMATION:

NAME: _____

PHONE: _____

ADDRESS: _____

FAX: _____

E-MAIL ADDRESS: _____

City State Zip

FOLD HERE

FOLD HERE

California Integrated Waste Management Board
Park Playground Accessibility and Recycling Grant Program—MS 22
Attention: Patti DuMont
1001 I Street, P.O. Box 4025
Sacramento, CA 95812-4025