Jonesboro
Beautification
COMMITTEE

Jonesboro Beautification Committee: City of Angels Application

Full Name: _____

Date of Birth: _____ / _____ / _____

Service Address (Jonesboro, GA only):

_____

City: Jonesboro State: GA ZIP: _____

Primary Phone Number: _____

Can this number receive text messages?
☐ Yes ☐ No

Email Address: _____

Preferred Method of Contact
☐ Phone Call
☐ Text Message
☐ Email

Do you:
☐ Own the property
☐ Rent the property

If renting, do you have permission from the property owner or landlord for services to be performed?
☐ Yes ☐ No

_____

SERVICE NEEDS

Reason Assistance Is Needed (Check all that apply)

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☐ Senior citizen / age-related limitations
☐ Physically unable to maintain property
☐ Temporary illness or injury
☐ Financial hardship
☐ Other: _____

Please explain the type of help you need and any challenges you are experiencing with maintaining the property:

_____

_____

_____

_____

I certify that the property listed in this application is located within the municipal boundaries of the City of Jonesboro.

☐ Yes ☐ No

Proof of residency may be requested prior to approval of services.

_____

APPLICANT CERTIFICATION

I certify that the information provided in this application is true and accurate to the best of my knowledge. I understand that providing false information may result in denial of services.

Applicant Signature: _____

Printed Name: _____ Date:

_____ / _____ / _____

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FOR OFFICE USE ONLY

Date Application Received: _____ / _____ / _____

Residency Verified: ☐ Yes ☐ No

Eligibility Confirmed: ☐ Yes ☐ No

Approved: ☐ Yes ☐ No

Assigned Volunteer Team: _____

Scheduled Service Date: _____

Staff Notes: