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**ENTRY FORM**

**Entry by email only - Please return your completed application form to** **tidytowns@drcd.gov.ie**

**TOWN NAME:**

**FULL ADDRESS:**

**POINT OF CONTACT: PHONE:**

**EMAIL:**

**TOWN POPULATION: NO. OF LITTER BINS IN TOWN:**

**LITTER BIN COLLECTION FREQUENCY: DAILY □ WEEKLY □ BY-WEEKLY □ MONTHLY □**

**WHY DOES YOUR TOWN DESERVE TO WIN THE ‘AGENT BRITE’ AWARD (250 words max)**