



DUNE PATROL APPLICATION

Name _____

Local Address _____

Local Phone _____

Mailing Address _____

City, State, Zip _____

Phone: _____

E-Mail _____

Street(s) Requested _____

Other Volunteers: _____

(It is important that we limit access to the dunes. Please only allow two people at a time to enter the dune to clean)

Participation - year round or seasonally (circle one)

**Call me when you can stop by City Hall to pick up supplies.
Gail Blazer 410-289-8825 gblazer@oceancitymd.gov**