



### Charitable Collection Request

Name of Organization: \_\_\_\_\_

Contact person: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Requested Dates of the Charitable Collection: \_\_\_\_\_

Brief description/explanation of purpose of the Charitable Collection:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approximate size of the Collection Receptacle(s):

\_\_\_\_\_

I have reviewed and understand the Solicitation and Charitable Collection policy.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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#### Staff use only

Approved: \_\_\_\_\_

Date of installation: \_\_\_\_\_ Date of Removal: \_\_\_\_\_