

TRANSFER STATION SOLICITATION ACTIVITIES
APPLICATION

GROUP/ORGANIZATION: _____

ADDRESS: _____

TELEPHONE: _____

SOLICITATION DATE(S): _____

TIME: _____

WHAT IS THE PURPOSE OF SOLICITATION: _____

NUMBER OF PERSONS - ADULTS: _____ CHILDREN: _____

CERTIFICATION:

The undersigned represents that he/she has read the Solicitation Policy (attached) and will comply with its terms and conditions.

SIGNATURE: _____

DATE: _____

THIS APPLICATION MUST BE RETURNED TO THE SELECTMEN'S OFFICE NO LATER THAN THURSDAY AT 4: 00 P. M. FOR CONSIDERATION AT THE NEXT SELECTMEN'S MEETING.

A copy of this form will be returned noting whether the request has been approved/disapproved.

Approved _____

Disapproved _____ REASON: _____

TOWN ADMINISTRATOR: _____

DATE: _____
