

DONATION BOX REQUEST FORM

Date:					
Property Address (where donation box is to be placed):					
Current Legal Description:	Block/Abstract:	Lot/Tract:	Addition/Survey:		

APPLICANT/ORGANIZATION INFORMATION

Contact Name	First Name:		Last Na	ame:			
Organization Name:							
Mailing Address:		City:	Sta	ate:	Zip:		
Phone:	Fax:	Email:		Mobile:	•		

Required Documents/Information Checklist					
 Site plan showing location of business, donation box placement, and parking on site. Authorization letter from property owner. Description of donation box to include what the donation box will look like, the dimensions of the box, list of accepted drop off items, and date/time of box pick ups. 					
Please make sure to fill application out completely to help expedite the process.					
Upon completion, please return this form and all attachments to: Suzanne Meason, Planning and Zoning Coordinator, via mail: City of Lake Worth, Planning & Zoning Department, 3805 Adam Grubb, Lake Worth, Texas 76135, fax: 817-237-1333 or email: <u>smeason@lakeworthtx.org</u> .					
Applicant Signature:	Date:				

OFFICE USE			
Request Received by :	Approval By (signature required):		
Date:	Approval Date:		