



TOOL BOX PARTICIPATION REQUEST

Name _____

Address _____

Home Phone Number _____ Work Phone Number _____

Identification or Driver's License Number (attach copy) _____

Number of households participating in clean-up _____ (6 minimum required)

*Attach list of participating households, include names, addresses and phone numbers (not required for organized neighborhood association clean-ups).

Clean-up Date(s) ____/____/____ _____ Clean-up
Time

Services Requested _____
Tool Box Drop off date _____ Pick up date _____

Location _____

Waste Container(s) _____ Location will be discussed the week of the cleanup.

Community volunteers requested (if available) How many? _____

I, as the designated participant assume responsibility for the following:

Please Initial

____ Distribution of the tools

____ Retrieval of the tools

____ Properly securing the trailer and contents

____ Completion of Request for Participation which includes a list of participating homeowners

____ Ensuring all waivers completed

____ Ensuring that all equipment is safely operated

____ Replacement of any items missing or not returned in the condition they were received (normal wear and tear excluded)

SIGNATURE

DATE

RETURN TO: CITY OF TEMPLE
2 NORTH MAIN ST STE. 101
TEMPLE, TEXAS 76501

Or email to: jmudd@templetx.gov