



Charity Collection Container Application

Name of Organization: _____

Purpose of Organization: _____

Contact Name: _____

Address: _____

Phone: _____ Email: _____

*Dates of Collection: _____ through _____

Purpose of collection and type of items collected: _____

Signature of Authorized Representative: _____ Date: _____

*Collection period may not exceed 30 days.

- I hereby acknowledge that I have read and received a copy of the “Charity Collection Container” policy and agree to comply with all of the provisions contained therein. I understand that the Park Ridge Library cannot be held responsible for any damage or theft that may occur during the collection period.

Approved by: _____

Date: _____

Approved collection dates: _____