BURLINGTON COUNTY
DEPARTMENT OF PUBLIC WORKS
ENGINEERING DIVISION

CHARITABLE SOLICITATION FORM

Municipality: ____________________________________________________________

Name & Title: ____________________________________________________________

Street Address: ___________________________________________________________________________________________

City: _________________________    State:  __________    Zip:  ________  Email:  ____________________________________

Daytime Phone: _____________________  Evening/Emergency Phone: _____________________  Fax:  ___________________

I/we request a Permit for Charitable Solicitation on County Route No. ______________________________

Further identified as (road name) ________________________________________________________________

For (Charitable Organization):  _______________________________________________________________________________

Located in (municipality) _____________________________________________ Lane:  □ NB  □ SB  □ EB  □ WB

At a point (distance in feet) _____________________  Direction □ North  □ South  □ East  □ West

From (intersecting road, street or landmark) _______________________________________________________________________

Provide a brief description of the Charitable Solicitation: _______________________________________________________

__________________________________________________________

__________________________________________________________

__________________________________________________________

Subject to the provisions of the New Jersey Tort Claims Act, N.J.S.A.59:1-1 et seq., I/we will be responsible for personal injuries and property damage caused by the actions of ourselves, our agents, servants and employees which arise out of or which are claimed to arise out of this Permit. Any such claim for such personal injury or property damage must be filed in accordance with N.J.S.A. 59:8-1 et seq.

□ I/we have attached all required insurance information

□ I/we have completed all additional required Permit Applications

□ Included is copy of the Municipal Ordinance and/or Resolution approving the solicitation

________________________________________________________________________

Initial

__________________________________________________________

(Signature of Applicant)    (Date)

__________________________________________________________

(Print or Type Your Name)    (Title)

Application #: _____________

Page 1 of 1