

BURLINGTON COUNTY
DEPARTMENT OF PUBLIC WORKS
ENGINEERING DIVISION

Application #: _____

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.

- | | |
|---|---------|
| | Initial |
| <input type="checkbox"/> I/we have attached all required insurance information | _____ |
| <input type="checkbox"/> I/we have completed all additional required Permit Applications | _____ |
| <input type="checkbox"/> Included is copy of the Municipal Ordinance and/or Resolution approving the solicitation | _____ |

(Signature of Applicant)

(Date)

(Print or Type Your Name)

(Title)