

The Village of Northfield

199 Ledge Rd

NORTHFIELD VILLAGE, OHIO 44067

330 468 4363

Fax: 330 908 7014

Harold Jason Walters , Service/Building/Zoning Department Superintendent

CHARITABLE DONATION BOX APPLICATION

Date _____

COMPANY/OWNER INFORMATION:

Company Name: _____ Phone # () _____

Company Address _____

City: _____ State: _____ Zip: _____

Federal I.D. # _____ Social Security # _____

Fax #: _____ Email Address: _____

PARTY RESPONSIBLE FOR EMPTYING BOX:

Name: _____ Phone # () _____

Company Address: _____

City: _____ State/Zip: _____ Email: _____

PARTY RESPONSIBLE FOR MAINTAINING CONDITION OF BOX:

Name: _____ Phone # () _____

Company Address: _____ -

City: _____ State/Zip: _____ Email: _____

PARTY RESPONSIBLE FOR REPLACEMENT/REMOVAL OF BOX:

Name: _____ Phone # () _____

Company Address: _____

City: _____ State/Zip: _____ Email: _____

501c3 ORGANIZATION CONTACT INFO: (PLEASE ATTACH 501c3 CERTIFICATE)

Name: _____ Phone # () _____

Company Address: _____

City: _____ State/Zip: _____ Email: _____

SCHEDULE THAT THE CONTAINER WILL BE EMPTIED: (CIRCLE ONE)

WEEKLY BI-MONTHLY MONTHLY

Address, City, State, Zip Code of Location of Box(es):

All Correspondence regarding these boxes needs to be directed to the following:

Company Name _____ Attn _____

Address _____ City _____

State/Zip _____ Phone _____

Email _____

I HEREBY MAKE APPLICATION TO REISTER THIS COMPANY FOR THE PURPOSE OF PLACING CHARITABLE DONATION BOXES WITHIN THE VILLAGE OF NORTHFIELD LIMITS; IN ACCORDANCE WITH CHAPTER 888 OF THE CODIFIED ORDINANCES OF THE VILLAGE OF NORTHFIELD.

FEE IS \$250.00 PER BOX, PER YEAR, TO BE SUBMITTED WITH THIS APPLICATION

Printed Name of Applicant

Signature of Applicant