TEMPE'S 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 _____ (5 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_____

____**Fire Safety Inspections Date**_____

____**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 Tempe, Code Compliance
PO Box 5002
21 E. 6th St., Suite 208
Tempe, AZ 85280

Tempe's Tool Box
Households Participating in Clean-up

NAME	ADDRESS	PHONE