

CITY OF WAYNESBORO

SOLICIT / ROADBLOCK REQUEST FORM

NAME OF ORGANIZATION MAKING REQUEST: _____

MONEY BEING COLLECTED FOR: _____

REPRESENTATIVE / CONTACT PERSON: _____

PHONE NUMBER: _____ ALT NUMBER _____

DATE REQUESTED: _____ ALT DATE: _____

PERMISSION TO SOLICIT ON OUR PUBLIC SQUARE AND STREETS WILL BE GRANTED TO NATIONAL ORGANIZATIONS ONLY. *SOLICITING WILL NOT BE ALLOWED DURING PEAK TRAFFIC FLOW FROM 11:00 A.M. TO 1:00 P.M.

THE CITY OF WAYNESBORO WILL NOT BE RESPONSIBLE FOR ACCIDENTS OF ANY NATURE.

REPRESENTATIVE/CONTACT SIGNATURE

DATE

APPROVED BY:

CITY MANAGER

DATE