



# 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 \_\_\_\_\_

Number of participants \_\_\_\_\_

### Services Requested

\_\_\_\_ Tool Box Drop off date \_\_\_\_\_ Pick up date \_\_\_\_\_  
Location \_\_\_\_\_

\_\_\_\_ Dumpster How many? \_\_\_\_ Drop off date \_\_\_\_\_ Pick up date \_\_\_\_\_  
Location(s) \_\_\_\_\_

\_\_\_\_ 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
- \_\_\_\_ Ensuring that dumpsters do not become overloaded or contaminated with prohibited materials
- \_\_\_\_ 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, Neighborhood Enhancement**

31 E 5th Street - East Garden Level, Tempe AZ 85281

**(480) 350-8372**

