



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
P.O. Box 5002, 21 E. 6th St., Suite 208, Tempe, AZ 85280
(480) 350-8372

