



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

