Tool Request Form

Organization:_____

Contact Name:_____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: (home) _____ (work) _____ (cellular) _____

Email: _____

The best way to contact you is: _____

Volunteer Information

How many volunteers do you expect to participate?_____

Describe area to be cleaned:_____

Date tools are to be picked up:_____

Date tools will be returned:_____

Who will be responsible for tools, if other than contact person noted above?_____

Contact information for person taking responsibility for tools:_____

Number of Tools Requested

_____**Brooms** _____ **Shovels** _____**Leaf Rakes** _____**Hard Rakes**

_____**Number of Trash bags**

To Be Completed When You Pick Up Tools

Missouri Driver's License or State I.D._____

Number of Tools Borrowed:

_____**Brooms** _____ **Shovels** _____**Leaf Rakes** _____**Hard Rakes**

I understand that I am responsible for returning all of these tools. I will be charged $20.00 for each tool not returned.

Signature of Borrower:_____**Date:**_____

Number of Tools Returned: **Date Returned:**_____

_____**Brooms** _____ **Shovels** _____**Leaf Rakes** _____**Hard Rakes**