

BURLINGTON COUNTY
DEPARTMENT OF PUBLIC WORKS
ENGINEERING DIVISION

FOR COUNTY USE ONLY
Application #: _____

Submit this form along with **Application for Road Occupancy Permit** for any Charitable Solicitation to be held within County right-of- way. Applicant must **Include Township Resolution authorizing the event(s) and signed Release and Indemnification Agreement.** No exception.

CHARITABLE SOLICITATION FORM

Charitable Organization Name _____

Street Address: _____

City: _____ State: _____ Zip: _____ Email: _____

Daytime Phone: _____ Evening/Emergency Phone: _____ Fax: _____

I/we request a Permit for Charitable Solicitation on County Route No. _____

Further identified as (road name) _____

Located in (municipality) _____ Lane: NB SB EB WB

At a point (distance in feet) _____ Direction North South East West

From (intersecting road, street or landmark) _____

Name of Event: _____ Date: _____ Hours: _____

Weather Dependent? Yes No; Rain Date: _____

Provide a brief description of the Charitable Solicitation: _____

Subject to the provisions of the New Jersey Tort Claims Act, N.J.S.A.59:1-1 et seq., I/we will be responsible for personal injuries and property damage caused by the actions of ourselves, our agents, servants and employees which arise out of or which are claimed to arise out of this Permit. Any such claim for such personal injury or property damage must be filed in accordance with N.J.S.A. 59:8-1 et seq.

- | | Initial |
|--------------------------------------------------------------------------------------------------------------------------------|---------|
| <input type="checkbox"/> I/we have attached Certificate of Insurance information as required in Section 9 of Policy. | _____ |
| <input type="checkbox"/> I/we have attached signed Release and Indemnification Agreement. | _____ |
| <input type="checkbox"/> I/we have completed all additional required Permit Applications and location plan is attached. | _____ |
| <input type="checkbox"/> Included is copy of the Municipal Ordinance and/or Resolution approving the solicitation | _____ |

(Signature of Applicant)

(Date)

(Print or Type Your Name)

(Title)