TIFTON Georgia
The Friendly City

Donation Box Permit

Date Filed: _____/_____/_____
Fee: $100

Address of Donation Box				
Box Dimensions	Height	Width	Depth	Total SF

OPERATOR		
	Operator Contact:	Organization:
	Phone:	Mailing Address:
	Email:	City:
	2nd Contact Name:	State:
	Phone:	Zip:
	Email:	
	Print Name of Operator:	
	Signature of Operator:	
	Date:	

Applicant/Operator verifies that information is correct and accepts responsibility for compliance with all the rules, regulations and provisions of the City Ordinances pertaining to the installation and maintenance of donation boxes now or hereafter in force.

LAND OWNER		
	Owner Contact Name:	Organization:
	Phone:	Mailing Address:
	Email:	City:
	2nd Contact Name:	State:
	Phone:	Zip:
	Email:	
	Print Name of Land Owner:	
	Signature of Land Owner:	
	Date:	

Signature verifies that as the property owner of the premises in which the donation box shall be established, he/she agrees to conform with and abide by all the rules, regulations and provisions of the City Ordinances pertaining to the installation and maintenance of donation boxes now or hereafter in force.

CHECKLIST

- ☐ Complete application (with signature)
- ☐ Site Plan and Specifications (1 digital set, no hard copies)
- ☐ Maintenance plan for donation box
- ☐ Fee (Cash, Check or Credit Card)

Is the operator contact information displayed on the donation box? Company Name, Point of Contact, Phone, Email, etc.

YES ☐ NO ☐