

**TOWNSHIP OF HARRISON**  
**Municipal Building**  
**114 Bridgeton Pike**  
**Mullica Hill, New Jersey 08062**  
**(856) 478-4111 / Fax (856) 478-2498**

**REQUEST TO SOLICIT CHARITABLE CONTRIBUTIONS  
IN THE ROADWAYS OF THE TOWNSHIP OF HARRISON**

1. Name, address and phone number of organization: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. Name and phone number of contact person of organization: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Location of proposed charitable solicitation(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Date(s) and time(s) of proposed charitable solicitation(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. If proposed charitable solicitation involves a county roadway and/or highway, attach a copy of the authorization from the Gloucester County Board of Chosen Freeholders to permit said charitable solicitation.  
  
Attached       Yes                       No
6. Attach a Certificate of Liability Insurance from the organization's insurance carrier naming the Township of Harrison as the "Certificate Holder" and as an "Additional Insured". Limits of general liability: Minimum combined single limit of liability per occurrence shall not be not less than \$1,000,000.00.  
  
Attached       Yes                       No
7. Attach a list of all proposed safety regulations, safety devices and training for individuals who shall participate in the charitable solicitation(s) and/or a report as to the procedures to be used to ensure the safety of the members of the public who will be traversing the roadways and/or highways of the Township of Harrison.  
  
Attached       Yes                       No
8. Attach a list of all individuals who will be accepting the contributions for the charitable organization which list includes name(s), address(es), phone number(s), drivers license number(s) and date(s) of birth.  
  
Attached       Yes                       No
9. Attach the fully completed and executed Hold Harmless and Indemnification Agreement.  
  
Attached       Yes                       No
10. All identification must be made visible to police officers.

**NOTE:** In no event shall any charitable organization requesting authorization from the Township of Harrison for said charitable solicitation use any individual under the age of 18 years of age to perform any function or task associated with the said charitable solicitation in any roadway and/or highway.

Printed Name: \_\_\_\_\_

Signature of Organization Contact: \_\_\_\_\_

Date: \_\_\_\_\_

A review of the "Request for Solicitation", with attachments, and a safety inspection of the site proposed for charitable solicitation(s) was conducted by the Chief of Police on \_\_\_\_\_, 20\_\_\_\_.

It is the recommendation from the Chief of Police to approve the foregoing request. \_\_\_\_\_

It is the recommendation of the Chief of Police to deny the foregoing request. \_\_\_\_\_

If denied, the reason(s) are: \_\_\_\_\_

\_\_\_\_\_

Signed: \_\_\_\_\_

Chief of Police

The Township Committee of the Township of Harrison approved the foregoing request.

\_\_\_\_\_ Yes                      \_\_\_\_\_ No at a meeting held on \_\_\_\_\_, 20\_\_\_\_.

Signed: \_\_\_\_\_

Municipal Clerk

**\*\*COMPLETED PACKAGE DELIVERED TO THE MUNICIPAL CLERK MUST INCLUDE THE FOLLOWING:**

- Insurance Certificate
- County Approval (if applicable)
- List of individuals who will be accepting the contribution(s) with name(s), address(es), phone number(s), drivers license number(s) and date(s) of birth
- Executed Hold Harmless and Indemnification Agreement
- List of proposed safety regulations