



1040 SOUTH MAIN STREET

1-877-H<sub>2</sub>O-5777

BELLEFONTAINE, OHIO 43311

*Please take time to fill out this form to help us better understand your request.*

\_\_\_\_\_  
Date of Request

\_\_\_\_\_  
Contact Person Name

\_\_\_\_\_  
Organization Name

\_\_\_\_\_  
Address City State

\_\_\_\_\_  
Organization's Phone Contact's Phone

\_\_\_\_\_  
E-mail Website

Are you a customer of our company?  Yes  No

Have you placed previous requests to our company?  Yes  No

If YES: When and for what reason?

\_\_\_\_\_  
\_\_\_\_\_  
What do you intend to do with the donation?

Do you plan on advertising the donors?  Yes  No

How soon is the donation needed?

\_\_\_\_\_  
\_\_\_\_\_  
Specific Details of Your Request: (funds, material, time)

ONCE THE APPLICATION IS COMPLETED, PLEASE RETURN. IF YOUR DONATION IS APPROVED, YOU WILL RECEIVE NOTIFICATION EITHER BY MAIL OR PHONE

**OFFICE USE ONLY**

Application Approved

Application Denied (Explain) \_\_\_\_\_

Manager Signature \_\_\_\_\_