



CITY OF
FOLSOM
DISTINCTIVE BY NATURE

UNATTENDED DONATION BOX PERMIT APPLICATION FORM

Name of Applicant

Address

Phone Number

Applicant Email Address

APN

Name of Property Owner

Property Owner Address

Property Owner Phone Number

Site/Location of Unattended Box

☐ Attach Site Plan with proposed box location (to scale)

☐ Box Dimensions

Height

Width

Length

☐ Name of Donation Box Operator: _____

☐ Phone Number of Donation Box Operator: _____

☐ Web Site Address of Donation Box Operator: _____

☐ Attach Exact Text of Donation Box Information

☐ Proof that Operator is qualified to collect donations pursuant to California Welfare and Institutions Code Section 148.3

Signature of Applicant: _____ Date: _____

Signature of Property Owner: _____ Date: _____

I hereby acknowledge that this permit is not transferrable and I have read and fully understand Chapter 8.80 of the Folsom Municipal Code:

Signature of Applicant

Date

Office Use Only

☐ First Time Permit Fee: \$196

☐ Zoning of Property _____

☐ Renewal Fee: \$48

Approved / Denied:

Authorized Signature

Date

Applications may be submitted via email to PlanningEPC@folsom.ca.us.