

ROADWAY SOLICITATIONS

Organization Sponsoring Solicitation: _____

Organization's Mailing Address: _____

Date(s) of Solicitation: _____

Time of Solicitation: From: _____ To: _____

County Road(s) Involved in Solicitation: _____

- Conditions:
- 1) Map of the area where solicitation is to occur.
 - 2) Certificate of Insurance with Ocean County as Additional Insured.
 - 3) Applicant to save Ocean County harmless from any accident or injury resulting from the above event.
 - 4) I hereby agree to comply with "Guidelines for Roadway Soliciting, Ocean County"

Date of Application

Print Name

Signature

Title

Telephone

To Be Completed By The Municipality

Approved: _____ Conditions: _____

Approved: _____ Reason: _____

Dated:

Print Name

Signature

Title

Telephone

To Be Completed By The County

Approved: _____

Disapproved: _____ Reason: _____

Date

Assistant County Engineer