



For Office Use Only

Collection Number

APPLICATION FOR STREET COLLECTION PERMIT

Name of Applicant:

Home Address:

Date of Birth:

Daytime Telephone Number:

Name of Society:

Address of Society:

Collector Status:

Volunteer/Supporter

Society/Organisation

Supporter Number _____

Registration Number _____

Name of Organisation to which proceeds of collection will be donated and Address of Head Office:

Proposed location of Collection:

Collection Date

(list preferred dates in order of priority)

1.

2.

3.

Date:

Signature:

