APPENDIX Z

Donation & Supply Request Form

Requests of $1,000 and above will be presented to the Board for consideration quarterly beginning each January. All other donation requests should be made at least two (2) weeks in advance of requested date of donation, and staff recommends one (1) month in advance for events. Applicant will receive a written response as to the disposition of CVSan concerning the request. Any representations other than CVSan’s written response are not to be considered the official response of CVSan. The submission of a request form does not guarantee that the request will be fulfilled.

Individual/Group/Business/School Name: ____________________________

Contact Name: ____________________________ Phone Number: (_________)

Email Address: ____________________________

Mailing Address: ____________________________

City: ____________________________ State: CA Zip Code: ____________________________

Date Required: ____________________________ Number of People Impacted: ____________________________

Please describe the purpose of the donation as it applies to CVSan’s Mission Statement

“We are committed to safe, efficient and effective wastewater and solid waste management. We promote waste diversion and recycling, education and practices. We strive for public satisfaction through quality service, reasonable rates and proper stewardship of our resources and the environment.”

For items not listed on the back, please attach supporting documentation that may help in the evaluation of this donation request. Supporting documentation may include recycled content verification, solid waste diversion estimates, etc. Supporting documentation attached? □ Yes □ No

The above information is correct to the best of my knowledge. If the donation is approved, I will use the donated goods for the purposes listed above. I have read and accept CVSan’s Donation Policy No. 3095.

X ____________________________

Signature (Principal if for a school) __________ Date __________

I have received all items outlined in this Donation Request Form.

X ____________________________

Signature __________ Date __________

Return items (applies to borrowed materials/supplies).

X ____________________________

Signature __________ Date __________

NOTE: Donation Request Forms/Supporting Documentation can be mailed to or faxed to CVSan at 510-537-1312
### Portable Event Containers (Clearstreams)

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### Indoor Containers

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### Other

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**For CVSan Staff Use Only**

- **Approved**
- **Rejected**
- **Initial:**

Reason (if rejected):

Total Donation Value:

Notes:

Board Meeting Date: