



# Town of Lamoine

## Returnable Containers Program Application

Organization's Name			
Describe Affiliation with Town of Lamoine			
Tax ID #			
Is this organization a non-profit entity?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "NO" is this program affiliated with a non-profit entity?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "YES", the name and address of the parent organization			
Is the organization based in Lamoine?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Contact Person:			
Contact Address:			
Contact Phone Number(s)			
Email Address			
What will the funds raised by this program be used for?			
Signature of Person submitting application:			
Title:		Date Signed:	

For Lamoine Town Office Use Only:

Date Received at Town Office			
Date Considered by Select Board or Adm. Asst.			
Approved?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Month Assigned for Proceeds			
Followup: Amount Received from Redemption Center			
Warrant		Voucher	Check #

*By signing this application, the person above named indicates they have read and understand the Returnable Containers Program of the Town Of Lamoine. Completed applications should be returned to the Lamoine Town Hall, 606 Douglas Hwy., Lamoine, ME 04605.*