



*Bill Hannell, MJA
Chief of Police*

FRANKLIN POLICE DEPARTMENT
ESTABLISHED 1855



*Amanda Owens
Town Manager*

PERMIT FOR CHARITABLE SOLICITATIONS

NAME OF ORGANIZATION/BUSINESS: _____

APPLICANT: _____

ADDRESS: _____

EMAIL: _____

PHONE: _____

PURPOSE OF: _____ FUNDRAISER

HELD AT: _____

DATE OF ACTIVITY: _____

BEGINNING AT: _____ AM PM

ENDING AT: _____ AM PM

APPROX: _____ PERSON(S) _____ VEHICLE(S) _____ OTHER

By signing this, you are aware this does NOT indicate you are approved for road closure if necessary. All individuals must contact the Town Manager to appear before the board for road closure approval. This document makes law enforcement aware of the specific activity. You assume responsibility for coordinating this activity with all involved persons and their actions.

APPLICANT SIGNATURE: _____ DATE: _____

CHIEF OF POLICE: _____ DATE: _____

NOTES: _____