



**COMMUNITY RESOURCE REFRIGERATOR PERMIT
CITY OF NORMAN**

Name of Applicant (If Corporation or Partnership, State Name) Telephone Number

Address of Applicant City Zip Code

Applicant Email Address

Refrigerator Location Address City Zip Code

Name of Property Owner (If different from Applicant) Telephone Number

Address of Property Owner City Zip Code

Property Owner Email Address

CONTACT INFORMATION THAT WILL BE POSTED ON FACE OF REFRIGERATOR

Telephone Number (Required) Email Address or other contact information

Attach the following documents:

- Signed acknowledgement by property owner (if applicable)
- Site plan of property with location clearly marked (see attached FAQ for more information)
- Copy of your planned donation guidelines

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Pursuant to Chapter 13, of the Code of the City of Norman, Oklahoma, I do hereby certify that I meet all requirements necessary for the above-stated license.

Applicant's Signature

Office Use Only

All provisions regarding location requirements as required by the Code of the City of Norman are in compliance and I hereby approve the application of the above-named applicant for a community resource refrigerator permit.

Planning Department Date
201 West Gray, Building "A" 366-5432

Remarks _____