

**BASINGSTOKE AND DEANE BOROUGH COUNCIL
CHARITY COLLECTIONS**

1. Name of Organisation:
2. Name/address of person to be responsible for the collection(s):
.....
Daytime telephone no:
3. Name of Charity to benefit from the collection(s) and charity number:
.....
4. Date desired for **STREET** collection:
1st Choice
2nd Choice
3rd Choice
5. Area in which collection is to take place:
.....
6. Date desired for **HOUSE TO HOUSE** collection:
1st Choice
2nd Choice
3rd Choice
7. Area in which collection is to take place:
.....
8. Number of **HOUSE TO HOUSE** collectors

Signed **Date**

**NB: THIS FORM SHOULD BE RETURNED TO THE HEAD OF ENVIRONMENTAL HEALTH SERVICES
FORMS WILL BE DEALT WITH IN ORDER OF RECEIPT**