

Town of Monteagle

Roadblock Application

Name: _____

Address _____

Telephone Number: _____

Date Roadblock is to be held: _____

Hours of Roadblock From: _____ To: _____

Location of Roadblock: _____

What is the purpose of the Roadblock: _____

If Roadblock is for an Organization, give the name of an individual connected with this organization with whom we can verify the use of the funds collected:

Name _____

Address _____

Telephone Number: _____

If Roadblock is for an Individual, give a telephone number where we can contact the individual to verify receipt of the funds collected _____

Give the name of the Individual who is responsible for collection and disbursement of all funds collected _____