



# Salem-Keizer School District

## Portable Toilet Placement Request

<b>Organization Name:</b> _____
<b>Title/Contact Name:</b> _____
<b>Street Address:</b> _____
<b>City:</b> _____ <b>State:</b> _____ <b>Zip:</b> _____
<b>Day Phone:</b> _____ <b>Evening Phone:</b> _____

**Site/School Location of Proposed Portable Toilet:** \_\_\_\_\_

**Detailed Description and Quantity of Proposed Portable Toilet Placement** *(Use additional sheets as required):*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<b>Insurance Information</b> <i>(Insurance certificate required)</i>
<b>Company:</b> _____ <b>Agent Name:</b> _____
<b>Policy #:</b> _____ <b>Expiration:</b> _____ <b>Agent Phone:</b> _____

**Anticipated start date:** \_\_\_\_\_ **Projected completion date:** \_\_\_\_\_

**Scaled drawings attached:**  Yes  No **Value of all work for this site:** \$ \_\_\_\_\_  
*Drawings should show detail of placement location.*

**Contact information of portable toilet company associated with proposed work:**

**Company Name:** \_\_\_\_\_ **Contact:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

I have read and agree to all terms for placement of portable toilets on School District property as found in document FAC-W031 "Placement of Portable Toilets".

\_\_\_\_\_  
*(Signature of Responsible Party)*

\_\_\_\_\_  
*(Print Name)*

\_\_\_\_\_  
*(Date)*

<b>Received by:</b> _____	<b>Reviewed by:</b> _____
<b>If denied or referred back to applicant, reason:</b> _____	<b>Approved</b> _____ <b>Denied</b> _____