



Salem-Keizer School District

Portable Toilet Placement Request

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

Site/School Location of Proposed Portable Toilet: _____

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

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

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)

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