

CITY OF PALOS HEIGHTS

7607 W. College Drive
Palos Heights, IL 60463
(708) 361-1800



TAG DAY FUNDRAISER APPLICATION

Date: _____

Name of Organization: _____

Person of Contact: _____

Address: _____ Phone: _____

Requests permission to conduct a Tag Day Fundraiser on _____
Date(s)

At the intersections of _____

Signature of Applicant: _____

- Submit Certificate of Liability, **stating City of Palos Heights as additional insured**, and application to City Hall.

Office Use:

Approved by: _____ Date _____

Copy to: Applicant
 Deputy City Clerk