



DONATION REQUEST FORM

NON-PROFIT ORGANIZATION

ORGANIZATION NAME: _____

ORGANIZATION ADDRESS: _____

Attach proof of status as a non-profit corporation under Section 501(c) of the Internal Revenue Code, and attach the organization's Florida Division of Corporations document showing current status.

ORGANIZATION PURPOSE: _____

CONTACT INFORMATION:

NAME: _____

ADDRESS: _____

EMAIL: _____ PHONE: _____

SURPLUS ITEM OF INTEREST: _____

HOW WILL THE REQUESTED SURPLUS ITEM BENEFIT YOUR ORGANIZATION?

HOW DO YOU PLAN TO TRANSPORT THE SURPLUS PROPERTY FROM THE CITY TO YOUR LOCATION?

DISCLAIMER OF WARRANTIES. The City makes no agreement, warranty or representation, either expressed or implied, as to the value, design, condition, merchantability or fitness for any particular purpose or use of the surplus item by the recipient or any other user.

The recipient acknowledges the surplus item may be defective and that it cannot be relied upon for safety purposes. The recipient has a duty to inspect the surplus item before it is used for any purpose.

The recipient acknowledges that the City is not a manufacturer of the surplus item or a dealer therein; the surplus item is being provided "as-is" and "with all faults", it being agreed and understood that all of the aforementioned risks are to be borne by the recipient or user of the surplus item.

In no event shall the City be liable for any damages in connection with or arising out of the recipient's or any other person's or entity's use of the surplus item.

I acknowledge that the donation of any surplus item to my non-profit organization is subject to the City's Policy for Donation of Surplus Items to a Non-profit Organization.

I have authority to request a donation from the City and to bind my organization to the terms of this form.

SIGNATURE OF APPLICANT: _____

DATE: _____