

## **COLMA POLICE DEPARTMENT**

1199 El Camino Real Colma, California 94014-3211 Office (650) 997-8321 Fax (650) 997-8330



## APPLICATION AND LETTER OF AUTHORIZATION FOR SOLICITATION IN THE TOWN OF COLMA

Name of Organization	on:	Phone:	Phone:	
Address of Organiza	tion:			
Dates of solicitation:	From	to		
Name of Solicitor		Address	Phone	
Date of birth	CDL/ID#	Sex M F Hgt Wgt Hair	Eyes	
Name of Solicitor		Address	Phone	
Date of birth	CDL/ID#	Sex M F Hgt Wgt Hair	Eyes	
Name of Solicitor		Address	Phone	
Date of birth	CDL/ID#	Sex M F Hgt Wgt Hair	Eyes	
THEM.	SOLICITING FOR YOUR	R ORGANIZATION MUST CARRY A COPY nerchandise to be offered for sale		
Please list all the areas	s of the Town of Colma is	n which the soliciting will be conducted		
Please contact this De		opriate representative of the Town of Colmag days to ascertain of the approval has been age.		
APPROVED:	Chief of Police	Date:		
	Chief of Police			