

**TOWNSHIP OF MANSFIELD  
WARREN COUNTY, NEW JERSEY  
100 PORT MURRAY ROAD  
PORT MURRAY, NJ 07865  
908-689-6151  
FAX 908-689-2840**

**APPLICATION TO PLACE CLOTHING DONATION BIN(S)  
IN THE TOWNSHIP OF MANSFIELD, WARREN COUNTY, NEW JERSEY  
(ORDINANCE 2013-07)**

CLOTHING BIN OWNER AND/OR COMPANY NAME:

\_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

\_\_\_\_\_

CONTACT PERSON NAME \_\_\_\_\_

CONTACT PERSON PHONE NUMBER/FAX NUMBER \_\_\_\_\_/\_\_\_\_\_

CONTACT PERSON EMAIL \_\_\_\_\_

PROPERTY OWNER NAME \_\_\_\_\_

LOCATION OF BINS (a sketch signed by the applicant is also required to be attached)

STREET ADDRESS \_\_\_\_\_ LOT \_\_\_\_\_ BLOCK \_\_\_\_\_

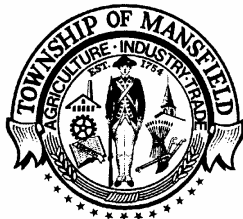
NUMBER OF BINS \_\_\_\_\_ SIZE \_\_\_\_\_ X \_\_\_\_\_ (6'x12' Footprint, max.-all bins per property)

DESCRIBE MANNER BY WHICH COLLECTED CLOTHING WILL BE USED, SOLD OR DISPERSED AND THE METHOD BY WHICH THE PROCEEDS OF COLLECTED DONATIONS WOULD BE ALLOCATED OR SPENT. PROVIDE THE NAME AND PHONE NUMBER OF ANY OTHER ENTITY WHICH MAY SHARE OR PROFIT FROM ANY CLOTHING OR OTHER DONATIONS COLLECTED VIA THE BIN(S).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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Please attach a copy of the corporate resolution authorizing the individual named below to complete and submit this application.

Please attach a **written consent** from the property owner to place the bin(s) on the owner's property.

Fee required: \$25.00

Please make check payable to "Township of Mansfield" and forward to the Municipal Clerk at the above address.

Applicant's Certification:

I hereby acknowledge that I understand the requirements to place clothing donation bins in the Township of Mansfield, and will abide by the requirements as set forth in the ordinance.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Title)

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

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

Township Use Only:

Fee Received Date: \_\_\_\_\_

Permit Approved: \_\_\_\_\_ Date \_\_\_\_\_

CK. # \_\_\_\_\_

Permit Denied: \_\_\_\_\_ Date \_\_\_\_\_

Cash \_\_\_\_\_

By: \_\_\_\_\_

By: \_\_\_\_\_

Copy of ordinance given to applicant(Y/N): \_\_\_\_\_