FORM OF REQUEST FOR DISTRIBUTION OF SALT

Name and Address: Telephone Number: Community Association: Location at which salt if to be stored: Location at which salt box is to be placed: Signature: Date:		
Community Association: Location at which salt if to be stored: Location at which salt box is to be placed: Signature:	Name and Address:	
Community Association: Location at which salt if to be stored: Location at which salt box is to be placed: Signature:		
Location at which salt if to be stored: Location at which salt box is to be placed: Signature:	Telephone Number:	
Location at which salt if to be stored: Location at which salt box is to be placed: Signature:		
Location at which salt box is to be placed: Signature:	Community Association:	
Location at which salt box is to be placed: Signature:		
Signature:	Location at which salt if to be stored:	
Signature:		
	Location at which salt box is to be placed:	
	Signature:	
	Date:	