

## City of Toledo Department of Public Utilities

## **Community Garden Water Program**Application

	Address of Community Garden:
	Zip code
•	Name of Authorized Person/Organization (Agent/Agency) in whose name the Community Garden Water Service would be placed:
•	Address of Agent/Agency:
	Telephone Number of Agent/Agency:
	Is this a continuing garden effort or a new gardening project?
	If continuing, how long (months/years) has this garden been worked by this group?
	If new, please indicate why your group decided to begin the project:
•	Is the garden <i>primarily</i> for food or beautification?
	Number of gardeners who regularly volunteer in the garden:
	Number of families who are served by the garden:
•	Is this Community Garden affiliated with a neighborhood organization, community outreach program such as Toledo GROWs, or other gardening support entity?
	If yes, please list organization and contact     name:
	If no, would your group like to learn more about potential resources available for community gardens in your area?
0.	Has the soil in this garden been tested?
	• By whom?

11.	Please list any in-kind assistance (including plant or equipment donations) your project has received and from whom?
12.	Property Owner's Name, Address and Contact Information (if other than Agent):
13.	Please describe why your community garden requires this program in order to access water for the project:
14.	Other information applicants may wish to share with the Panel:
	ure of Authorized Agent in whose name  Service Will Be Placed (See #2 above)
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	Ites: September 1, February 1, June 1 Itions complete with signature of authorized agent should be submitted to:
Directo	Toledo Community Garden Water Program or, Department of Public Utilities adison Avenue
	, Ohio 43604

All applicants will be notified of the results following the review process.

THANK YOU.