

CITY OF BETHEL CAR WASH APPLICATION

This application must be filled out completely before request may be granted.
Applications are to be turned into the City of Bethel Administration office.

Name of organization _____

Date of car wash _____

Starting time _____ Ending time _____

I agree to ensure that all equipment is returned to the appropriate personnel and that it will be in the same condition in which it was received. I further agree to ensure that the area where the car wash is held is clean.

Signature of group sponsor _____

Mailing address _____ Phone number _____

For Office Use

Approval by Fire Department – Yes No

Fire Chief Signature _____ Date _____

Approval by City of Bethel Administration – Yes No

Administration's Signature _____ Date _____