



**“Your Neighborhood Park” Volunteer Tool Wagon
Project Description Form**

NAME OF COMMUNITY GROUP: _____

IN WHAT PARK / AREA IS YOUR PROJECT LOCATED? _____
(Must be city-owned property.)

CONTACT PERSON: _____

ADDRESS: _____

PHONE NUMBER: _____

EMAIL: _____

Give a brief description of your project including the estimated number of volunteers.

Additional information may be included as an attachment.

NOTE: You will be required to complete the “Tool Wagon Inventory Sheet” at check out and check in of the Tool Wagon. You will be responsible for the replacement of any lost or damaged tools (beyond normal wear and tear).

Request submitted on: _____

Springfield Parks Foundation will respond to this request within 3 days after receiving it.
Contact Doug Reynolds, at 217-553-1329 or f16ratt@mac.com with questions.