

PLEASE PRINT

This will be kept confidential and will be used only to verify your insurance coverage.

Vehicle License Plate # _____

Driver's Name: _____

Home Address: _____ City/Zip _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Name of insurance company (not agent): _____

Insurance Policy Number: _____

I am volunteering to deliver Holiday food boxes for the Portland Police Bureau Sunshine Division. In the event of accident or injury agree that the City of Portland, the Portland Police Bureau, the Sunshine Division, its Board of Directors, or staff will not be held responsible.

Driver's Signature: _____

Card Numbers Taken _____

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