



2018 NATIONAL NIGHT OUT Application Form

Today's Date:

Association/Organization:

Requester/Contact information

Name of Person Requesting Items:

Phone Number:

E-mail:

Name of Person Picking up Items:
(If different from Requester)

Phone Number:

E-mail:

Event information

Name of Event - Neighborhood/Subdivision:

Location of Event:
(Physical address)

Date/Time
of Event:

City Council District:

Anticipated Number
of Attendees:

By completing this application form, I hereby understand that SAWS will provide one, National Night Out event package to my organization and/or neighborhood association. I also agree to **pick up the package at SAWS Headquarters - 2800 US HWY 281/San Antonio, Texas 78212 – time and exact location will be detailed in a confirmation letter to follow.**

Additionally, I understand that SAWS is not responsible for delivering the package to an off-site location, and if I or a representative from my organization is unable to pick up the package on the aforementioned date, I will forfeit my request. By signing below, I also release SAWS from any obligation to provide a company representative for staffing purposes.

Signature: _____