



CONTACT
Community Services

THE CLOTHES LINE - CLOTHING REQUEST FORM

STORE: Alliston _____ Bradford _____

(Please note only items other than clothing can be requested from the Alliston location)

Date (Request is valid for 30 days from this date):

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Client's Name(s) - Adults only :

Children & Ages - if applicable :

Child 1 Child 2 Child 3 Child 4

Requesting Organization/Agency:

Client's Worker/Volunteer name:

Phone:

****Without charge for each adult and their children.**** (Two of each item requested per individual only - 1 only for seasonal items)

An individual can potentially access the Clothes Line QUARTERLY (This will be assessed on a case by case basis)

Please check off applicable items needed (If more than 2 Adults or 4 children please complete a second form and submit together)

<u>To be filled out by referring Organization/Agency</u> ↓							<u>Filled out by Clothes Line Staff</u> ↓							
Items Requested	Adult 1	Adult 2	Child 1	Child 2	Child 3	Child 4	DATE	A1	A2	C1	C2	C3	C4	VALUE
Tops/t-shirts														
Sweaters														
Dresses														
Pants/Bottoms														
Shorts														
Undergarments														
Socks														
Pajamas														
Jacket/Coat														
Boots/Shoes/Sandals														
Seasonal items														

Household Items (Only at Alliston Location) ↓

Household Item	Date Received	Item Received	Value	Household Item	Date Received	Item Received	Value

T.L.C. Staff Signature:

Client Signature: