

City of Toledo Department of Public Utilities Community Garden Water Program Application

Addressof	Community Garden:
	Zip code
	uthorized Person/Organization (Agent/Agency) in whose name the Community ater Service would be placed:
Address of	f Agent/Agency:
-	Number of Agent/Agency:
Email addre	ess:
Is this a co	ntinuing garden effort or a new gardening project?
	• If continuing, how long (months/years) has this garden been worked by this group?
	If new, please indicate why your group decided to begin the project:
Isthegard	en primarily for food or beautification?
Number of	gardeners who regularly volunteer in the garden:
Number of	families who are served by the garden:
	nmunity Garden affiliated with a neighborhood organization, community outreach uch as Toledo GROWs, or other gardening support entity?
• If y	ves, please list organization and contact name:
	no, would your group like to learn more about potential resources available fommunity gardens in your area?
Has the soi	il in this garden been tested? _Y N When?
•	

e a	and Contact Information for Community Garde		
	re of Authorized Agent in whose name Service Will Be Placed (See #2above)	Date	
4.	Other information applicants may wish to share with the Panel:		
3.	Please list all water sources in and around your garden, whether they are being used, and if so, describe any issues:		
2.	Property Owner's Name, Address and Contact Information (if other than Agent):		

applications by April 1 or September 1 to:

City of Toledo Community Garden Water Program **Department of Public Utilities 420 Madison Avenue** Toledo, Ohio 43604

Applicants will be notified of the results following the review process.