

CITY OF TULSA

Sign Abatement Volunteer Application

Name: _____

Address: _____

Phone Number: _____

E-mail Address: _____

Social Security Number: _____

Driver's License Number: _____

Date of Birth: _____

Vehicle Make, Model and License Number: _____

Number of hours per week available for sign removal? _____

Willing to submit to a background check? YES NO

Available during daylight hours? YES NO

Access to e-mail and/or fax? YES NO

T-shirt size: S M L XL XXL Other: _____

Remit completed application to:
SOSVolunteer@cityoftulsa.org or Fax to 918-699-3973

