

ARIZONA DEPARTMENT OF CORRECTIONS

Solicitation Request and Approval

All requests for solicitation must receive Departmental approval prior to the projected start date of the solicitation. Submit this form to the appropriate agency management member at least 15 days prior to the date requested to begin the solicitation.

Requester Name <i>(Last, First M.I.)</i>			Date		
Address <i>(Street)</i>		City		State	ZIP Code
Institution/Facility to be Solicited			Address <i>(Street)</i>		
City		State		ZIP Code	
Purpose of Solicitation <i>(be specific)</i>					
Manner of Solicitation <input type="checkbox"/> Handouts <input type="checkbox"/> Leaflets <input type="checkbox"/> Bulletin Boards <input type="checkbox"/> Other _____					
Solicitation Date(s) Requested					
Time(s) Each Day Requested					
Location <i>(lobby, floor, etc.)</i>					
Signature of Authorized Representative Solicitor				Date	

AGENCY ACTION ONLY

<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved		Date(s) Approved	Time(s) Approved
Reason for Disapproval			
Remarks			
Deputy Director/Assistant/Director/Warden/Deputy Warden/Administrator's Signature			Date
Director's Signature <i>(as applicable)</i>			Date

Permit Issued: