



Intended Destination of Commodity:

City  
Country

**Applicant/Local Sponsor Information**

Sponsoring Chicago Organization  
Name ^Applicant.!..oeal Sponsor  
.ontact Name

City  
Phone Number  
Fax Number  
State/Zip Code Knial Address

**Recipient Information**

Consignee/Recipient/Beneficiary  
Name of Organization  
Contact Name Street Address . \_ ,  
City State/Zip Code/Country

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Phone Number Fax Number [-mail Address

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Website i-iaat'h--.Mv:

**Recipient Information**

Description of Consignee/Recipient/Beneficiary

Please describe \vh\ the requested commodity is needed and recipient's ability to use the donated commodity saleK. ///. \_J J  
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\To to Ck-^- 1700U ^f^dtv.-vb

What other type (if equipment is currently in use to meet the above mentioned need)?

*Mas the consignee/beneficiary received commodity donations from the City of Chicago or other municipalities in the past 0  
If so, what and when? P) jj*

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Description of Impact Area

Geographic Area of Use Kiciin f vpe

**Requirements Post-Donation**

j^Proof of receipt of commodity. Photos of commodity in use

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For Office Use Only Ordinance/Legislative Sponsor

Name Phone Number

Fax Number Email Address

City Department associated with commodity