

Ph: 301.739.8200

2022 RESIDENTIAL SITE FORM

Owner Name:	Job Address:				
Address:					
Phone:					
Homeownership Verified? Yes No	Liability Form Reviewed and Signed? Yes No Original Attached? Yes No				
Total Number of Volunteers Needed:	Hours Needed To Complete All Projects:				
Building or Trade Permits Required? Yes If so, can one be obtained prior to starting project? Yes	No No				
For verification, contact the City of Hagerstown Permit Office at 301-739-8577 ext. 1 Which tasks can be completed from resident's request? (Assess					
1					
2					
3					
4					
5					
6					
List of supplies for Teams to purchase or bring (Please be very	• • • • • • • • • • • • • • • • • • • •				
1					
3					
4					
5					
6.					
Any supplies being provided by owner? Yes No (I f so, please specify:	Do not include these items in supplies above)				
Estimated cost of supplies:					
Special Tools/Equipment Needed: (Including Truck/Trailer To Haul A	way Items)				
If needed, is there access to water and electricity? Yes If so, indicate location:	No				

83 W. Washington Street Hagerstown, MD 21740



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List any safety concerns for volunteers:						
Can they be corrected? If so, how?						
Is there adequate on-site parking?	Yes	No				
If no, is there an alternate parking area?	Yes	No	Location:			
Can the homeowner communicate clearly) (i.o. c	aro thou	haaring impaired d	a thay coom	ned confused, does another person need t	o ho
present while the project is being done, et		are uney	nearing impaireu, u	o mey seem	ied comused, does another person need t	o ne
Any additional comments or concerns?						
•						
Form Completed By:					Date:	