

Date: _____

Director of Finance, Town of Southington
93 Main Street
Southington, CT 06489

This is our formal request to the Town of Southington for the funds appropriated in the
_____ budget for _____.
(Fiscal Year) (League Name)

Federal Tax ID# _____ in the amount of \$ _____.

Please make the check payable to: _____
(League Name)

Forward to: _____, _____, _____
(Street) (Town) (State & Zip Code)

Signed: President _____ Phone Number _____
Officer/Title _____ Phone _____

Number _____
Officer/Title _____ Phone _____
Number _____

APPROVED _____
William J. Masci
Director of Recreation



**BE SURE ALL THREE OFFICERS SIGN THIS FORM AND SEND A COPY OF THE
LEAGUE INSURANCE POLICY. THIS IS REQUIRED IN ORDER TO ISSUE THE
ALLOTMENT. RETURN TO:**

William J. Masci
Director of Recreation
P.O. Box 571
Southington, CT 06489