

**REQUEST FOR SALT BARREL SERVICE**  
*2024/2025 WINTER SEASON*

Requester: \_\_\_\_\_ Today's date: \_\_\_\_\_

Association: \_\_\_\_\_ Phone # \_\_\_\_\_

Fax # \_\_\_\_\_

Location (intersection) for salt barrel to be placed at (*specify what corner*):

- 1.
- 2.
- 3.
- 4.
- 5.

Authorized signature: \_\_\_\_\_  
Association President/Representative

.....  
*For Street Department use only:*

Site inspected by: \_\_\_\_\_ Date: \_\_\_\_\_

Request Approved (  ) YES (  ) NO - please specify why and contact association.

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Association president/representative contacted on \_\_\_\_\_ (date).

Signed request received from Association \_\_\_\_\_ (date).

**Fort Wayne Street Department**  
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