

Serving Hunterdon, Mercer, Middlesex, Somerset, and Union Counties

Request for Spot Camera

Name of Lions Club:	
Date(s) Requested:	
County	
Type of Event: (ie school screening, health fair, etc)
Hours of Event:	<u></u>
Pickup / Delivery Date and <u>Time:</u>	Return / Pickup Date and <u>Time</u> :
Do you know how to use Spot Camera: I	f No: You will need to be trained as per our grant with LCIF.
Delivery Address: (MUST HAVE GPS info please)	
Contact Person:	
Telephone #: Cell	#:
Email:	 ,
P	LEASE NOTE:
A donation to the Lions District 16 I Charitable Fo	oundation is requested for all Spot Camera/Printer Usage.

All requests must be made to the Lions District 16 J Charitable Foundation

Your Club MUST have a LCI insurance certificate naming the foundation as a co-insurance for the event.

Club must be current with ALL dues!

Lion Kevin Kosobucki **President – Lions District 16 J Charitable Foundation 176 Washington Road** Please Return This Form To This Address or Email To: Sayreville, NJ 08872

732-234-3932(h)

848-391-2031(c) kkosobucki@aol.com Subject Line: Lions – Spot Camera