

Cumberland School Department

2602 Mendon Road
Cumberland, RI 02864

(401) 658-1600

www.cumberlandschools.org

For office use only:	Permit # _____
This application is Approved for: _____ Posting Only _____ For Distribution to Students _____ One Time Only	
This application is Not Approved: _____ For-profit _____ Other: _____	
Superintendent/Designee Signature: _____	Date: _____
Comments (optional): _____	

Application for Flyer Distribution

STEP 1 of 5: Contact Information (please print)

Group/Individual Requesting Approval for Distribution of Flyer:

School Affiliation: _____

Chief Officer/Contact Person: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

Daytime Phone: (____) _____ Evening Phone: (____) _____

Fax: (____) _____ Email: _____

STEP 2 of 5: Flyer Description

Date(s) for Distribution: _____

Purpose of Document _____

STEP 3 of 5: Additional Documentation

A copy of the flyer is included with this application.

STEP 4 of 5: Requestor Signature

The sponsoring organization shall hold the Cumberland School Department free and without harm for any loss or damage liability or expense that may arise during or be caused in any way by such permission.

Signature: _____ Date: _____

Chief Officer/School Organization

STEP 5 of 5: Mail Application to: Cumberland School Department
Office of the Superintendent
2602 Mendon Road
Cumberland, RI 02864

Please note: Please allow 2-3 weeks for processing. The requestor will receive a copy of this application after it is fully approved by the Office of the Superintendent. Any changes must be submitted in writing and will affect process time.

Date Stamp Received by Superintendent's Office:

Revised Form: 10/16/2018