

**ARIZONA DEPARTMENT OF CORRECTIONS**

**Solicitation Request and Approval**

*All requests for solicitation must receive Departmental approval prior to the projected start date of the solicitation. Submit this form to the appropriate agency management member at least 15 days prior to the date requested to begin the solicitation.*

Requester Name <i>(Last, First M.I.)</i>		Date	
Address <i>(Street)</i>	City	State	ZIP Code
Institution/Facility to be Solicited		Address <i>(Street)</i>	
City	State	ZIP Code	
Purpose of Solicitation <i>(be specific)</i>			
Manner of Solicitation <input type="checkbox"/> Handouts <input type="checkbox"/> Leaflets <input type="checkbox"/> Bulletin Boards <input type="checkbox"/> Other _____			
Solicitation Date(s) Requested			
Time(s) Each Day Requested			
Location <i>(lobby, floor, etc.)</i>			
Signature of Authorized Representative Solicitor			Date

**AGENCY ACTION ONLY**

<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Date(s) Approved	Time(s) Approved
Reason for Disapproval		
Remarks		
Deputy Director/Assistant/Director/Warden/Deputy Warden/Administrator's Signature		Date
Director's Signature <i>(as applicable)</i>		Date

Permit Issued: