



**Non-Profit Organization
Application
For The
Tool Library**

Tool Library
2771 E. 4th Avenue
Columbus, OH 43219
(614)258-6392
Fax: 614-252-2593
Email –
Tool.Library@rtcentralohio.org

Organization Information (Please Print): Please provide a copy of your 501 (c) 3.

Name _____ Federal Tax ID Number _____
Street Address _____
City, State, Zip Code _____ Phone Number _____
Email Address: _____ Fax _____

Director / Administrator Information (Please Print): (This is where you live)

Director / Administrator _____ Title _____
Street Address _____ Driver's License # _____
City, State, Zip Code _____ Home Phone Number _____
Email Address _____ Cell Phone Number _____

Applicant's Signature _____ **Date** _____

Please provide the information below of any additional persons authorized to use the Tool Library on behalf of your organization. (This is where they live)

Name _____ Address _____
Phone Number _____ Driver's License Number _____
Name _____ Address _____
Phone Number _____ Driver's License Number _____
Name _____ Address _____
Phone Number _____ Driver's License Number _____
Name _____ Address _____
Phone Number _____ Driver's License Number _____

For Office Use Only

Identification Number _____ Parcel Number _____