



APPLICATION FOR DISCOUNTED BIKE HELMETS

Applicants must fill out this form and submit it to **Boston Public Health Commission: 774 Albany St., 1st Floor, Finland Bldg. Boston, MA, 02118**, or fax it at: (617) 534-2405. If you have any questions, please call 617-534-5197. Additional pages may be used.

Contact Name: _____

Organization: _____

Address: _____

Phone Number: _____

Fax Number: _____

E-Mail: _____

Number of Helmets Requested: _____

Educational Plan: _____

Distribution Plan: _____
