

Town of Farmington
Trustees of the Trust Funds
356 Main Street
Farmington, NH 03835
Phone: (603) 755-2208 • Fax: (603) 755-9934

Trustee Use Only

Received Date: _____
Accepted Date: _____
Deposit Date: _____
Amount: _____
Apply to Principle: _____ Income: _____

Notes: _____

Fund Deposit Form

(Only for use when contributing to a previously established Trust Fund)

All Application must be submitted five (5) days prior to the meeting

Funds Received From: _____
(Town, Board of Selectman, School Board, School District, or if Private Donation the Name of Individual or Organization)

Address: _____

Telephone Number: _____

Email Address (not required): _____

Funds Submitted Pursuant to:

_____ Warrant Article Approved at Town/School District Annual or Special Meeting

_____ Private Contribution or Donation Explain: _____

Name of Fund to Deposit Contribution: _____

Amount of Contribution: _____

If Applicable:

Date and Warrant Article Number which Authorized this Contribution: _____

(Enter the year and number of the Warrant Article above. Also attach a copy of the Warrant Article.)

-or-

Date and Minutes of Meeting Authorizing this Contribution: _____

(Enter the date of the meeting and attach a copy of the minutes documenting the contribution.)