

Secure Form - Delivery Position Application

What type of route are you applying for? Driving Walking

When can you start? ____/____/____

Name: _____

Address: _____

Phone:(____) _____

Email: _____

Make/Model/Year of Vehicle _____

Driver's License # _____

Will you be delivery by yourself or with someone?

Person Assisting in Delivery

Name: _____

Address: _____

Phone:(____) _____

Email: _____

Email this form to: shoppersguide@sbcglobal.net

Or send to: Delivery Application, Community Shoppers Guide, P.O. Box 168, Otsego, MI 49078