



Greensboro Police Department  
2017-2117 Time Capsule  
Submission Form

The Greensboro Police Department is excited to collect items for our donated time capsule. This capsule will be buried in the fall of 2017 and will not be opened again until 2117. This capsule should be a representation of our community and our police department.

Please note that all items submitted cannot be returned. Once the item is donated, a committee will decide what items are included in the time capsule and what items will go on rotating display in the Office of Community engagement at Police Headquarters.

All donors will receive a certificate of donation and invitation to the burial of the time capsule.

**Please complete this in its entirety. This form must be printed and submitted with the item for the capsule.**

Name of Person Submitting Item: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name of item: \_\_\_\_\_

Description of item:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By initialing this form, I understand that all items donated become property of the Greensboro Police Department. These items will either be included in the time capsule or rotated in a display case in the Greensboro Police Headquarters.

**TURN OVER PLEASE – Complete the back of this form**

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**City of Greensboro Release Form**

I, (please print your name) \_\_\_\_\_, hereby expressly grant to the City of Greensboro the right to photograph my child/ward, (please print minor's name) \_\_\_\_\_ and use his/her picture, silhouette and other reproductions of his/her physical likeness, for the exclusive use by the City on the official City of Greensboro's web site or in City initiated printed publications. I acknowledge that neither I nor the above-named minor will receive compensation for such use by the City.

I understand that this Release shall not expire. I represent that I am the parent or guardian of (please print minor's name) \_\_\_\_\_ and I possess full contractual rights to enter into this Release.

I hereby certify that I am over the age of eighteen (18) and represent that I have read the foregoing and fully understand the meaning and effect thereof and intend to be legally bound as set forth herein.

This the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Parent/Guardian's Signature \_\_\_\_\_

Mailing Address \_\_\_\_\_  
\_\_\_\_\_

Telephone \_\_\_\_\_

**GPD USE ONLY:**

Item Catalogue # \_\_\_\_\_

Item Description: \_\_\_\_\_

Selected for Capsule: Y N

Certificate Sent:

Invitation Sent: