



Helena Police Department Toys for Tots Application for Assistance

Contact Last Name:

Contact First Name:

Address:

City:

State:

County - Municipality:

Contact Phone:

Secondary Phone:

Contact Email:

Confirm Email:

Please let us know how many children you are requesting toys for and their ages:

Boy Ages Girl Ages

0-2:

2-5:

5-10:

10-16:

Please return this application to Lt. Brad Flynn at bflynn@helenapd.com or bring it by the Helena Police Department at 816 Highway 52 East any time prior to December 18th. A representative will be in contact with you prior to the Dec 18th deadline.

