



PICNIC TABLE RENTAL REQUEST FORM

CONTACT & BILLING INFORMATION

Organizations Name :

Contact Name: Email:

Mailing Address:

Contact Phone: Fax :

RENTAL INFORMATION

Date & Time Required:

Location :

Number of Picnic Tables Required : Delivery Required ? (Y or N) :

Other Comments:

USER FEES (in accordance with BY-LAW NUMBER 11 OF 2013)

# of Picnic Tables _____ x \$10 each =	\$
\$100 Delivery Charge =	\$
Sub-Total =	\$
HST=	\$
TOTAL =	\$
Less Deposit	
<i>*Minimum \$50 due at time of booking</i>	\$ ()
Balance Due =	\$

To be completed
by Municipal Staff

Signature of Applicant / Requester

Date

FOR OFFICE USE ONLY:

<input type="text"/>	<input type="text"/>	<input type="text"/>
Date Received	Received by	Accepted / Approved
FW Requested (Y/N)	<input type="text"/>	
FW Form Completed (if applicable)	<input type="text"/>	
FW Request Approved (if applicable)	<input type="text"/>	
	Receipt #	<input type="text"/>