



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	
<small>*Minimum \$50 due at time of booking</small>	\$ ()
Balance Due =	\$

To be completed
by Municipal Staff

Signature of Applicant / Requester

Date

FOR OFFICE USE ONLY:

Date Received	Received by	Accepted / Approved
FW Requested (Y/N)		
FW Form Completed (if applicable)		
FW Request Approved (if applicable)		
	Receipt #	