

Please note: All shaded areas of form must be completed before request is considered

City of Brandon Services Request Form in Support of Community Events

City of Brandon

900 Richmond Avenue East
Brandon, MB R7A 7M1
Phone: (204) 729-2257
Fax: (204) 729-2485
Email: c.baker@brandon.ca

ITEM PICKUP/DROPOFF:

A valid I.D. must be presented upon receiving the requested item. A copy of identification will be held by the City of Brandon during rental period.

PAYMENT

Payment is due at the time of item checkout.

Requested by:

Name _____
 Title _____ Date _____
 Company _____
 Address _____
 City _____ Province _____ PC _____
 Daytime Phone _____ Email _____

Delivery Address (if required):

Contact Name _____
 Address _____
 Daytime Phone _____
 Dropoff Date _____
 Pickup Date _____

Event Description _____ Event Date(s) _____

Items requested:

Item #	Description of Service or Item Requested	Quantity	Agreed to Supply	Delivery Comments	Cost of Service/Item	Charge
1			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
2			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
3			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
4			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
5			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
6			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
7			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
8			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
9			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
10			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No

I understand and agree that the items borrowed will be returned on or before the date noted above unless special arrangements are made prior to such date. I further agree to prevent abuse of these items and accept responsibility for the repair or replacement of such items if damaged. I will not hold the City of Brandon liable for any injury occurring while using these loaned items. I understand that I am completely responsible for its proper and safe use.

Borrower's Signature _____
 City Signature _____
 Date _____
 Other _____
 Total Amount Enclosed _____

FOR INTERNAL USE ONLY

Council Approval Required: Yes No
 Permit Approval Required: Yes No

Management Approval _____

Comments

Method of payment:

Please charge my: MasterCard VISA
 Card Number:
 Expiration Date (Month/Year): /
 Signature (as shown on credit card): _____
 Cheque or Money Order Cash

Copies to: Originator Director Public Works Front Office

Copy will be forwarded back upon agreement

