

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

