



EQUIPMENT RENTAL INFORMATION

OWNER/CONTRACTOR: _____

ADDRESS: _____

EQUIPMENT TYPE: _____

MAKE _____ MODEL _____

YEAR _____ CAPACITY _____

HOURLY RATE: _____

- Gas
- Diesel
- WSIB Clearance Certificate attached
- Proof of Insurance Attached

ADDITIONAL INFORMATION: _____

SIGNATURE OF OWNER/CONTRACTOR: _____

DATE: _____
