THE TOWNSHIP OF SOUTH ALGONQUIN

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:

_____ _____