

CITY OF OCONTO FALLS
PICNIC TABLE REQUEST FORM

Contact Person needing tables _____
Day Phone: *(Required)*: _____ Evening Phone: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Number of tables needed? _____
Date table's needed to be dropped off _____
Date table's need to be picked up. _____
Where to place tables on delivery _____

Any vandalism and damage to city property will be recovered through any and all available means. I _____ have accepted responsibility for returning the tables in the same condition they were received; and that by signing below, I accept responsibility for returning the tables in the same condition they were received.

Signature: _____ Date: _____
Phone Number: _____

----- *For Municipal Use Only* -----

Received By & Date _____

Inspected after event by: _____ Date: _____ Condition Found: _____