

**TOWN OF COVERT
8469 MAIN STREET
INTERLAKEN NEW YORK 14847**

REQUEST TO USE THE TOWN OF COVERT'S TABLES AND CHAIRS

TODAYS DATE _____ DATE REQUESTED _____

ORGANIZATION OR INDIVIDUAL _____

NUMBER OF TABLES BORROWED _____

NUMBER OF CHAIRS BORROWED _____

DATE TO BE RETURNED _____

CONTACT PERSON'S NAME _____

ADDRESS _____

LOCATION WERE TABLES & CHAIRS WILL BE USED _____

PHONE NUMBER _____

The undersigned is over 21 years of age and agrees to be responsible to the municipality for the use and care of the table and chairs borrowed from the Town of Covert. These items shall be returned in the condition they were received and on the date note to be returned.

Signature of Borrower