

City of Woodbine Equipment Sign-out Sheet

Event: _____ Date: _____ Time: _____

Event Location: _____

Event Sponsor: _____

Contact Person if Sponsor is an organization: _____

Home/Business Phone: _____ Cell: _____

Physical Address: _____ City/State/Zip: _____

Mailing Address: _____ City/State/Zip: _____

Email: _____

Traffic Control Barricades:

Traffic Control Signs:

Number: _____

Number: _____

Locations: _____

Trash Cans:

Tables:

Chairs:

Number: _____

Number: _____

Number: _____

I, _____, certify that I have received the above listed equipment from the City of Woodbine, will be responsible for setting up the barricades as shown and explained by City of Woodbine personnel and will return said equipment to the City of Woodbine Public Works Department on _____.

Signature

Printed Name

Date

Above equipment returned to City of Woodbine Public Works Department undamaged.

Public Works Department Employee

Date