



WEIPA TOWN AUTHORITY

Chair Issued & Returned

PICK UP DATE (Estimated): _____ TIME _____

RETURN DATE (Estimated): _____ TIME _____

Hired

Number of Chairs: _____

WTA Staff Name _____ Signature _____

Number of Chairs Issued: _____ Number of Pallets: _____ Number of Straps: _____

Issuer Name _____ Signature _____

Returned

Number of Chairs: _____ Number of Pallets: _____ Number of Straps: _____

WTA Issuer Name _____ Signature _____

PLEASE RETURN THIS FORM TO THE WTA OFFICE TO OBTAIN YOUR DEPOSIT

Please note any chairs, pallets and straps not returned will incur a replacement cost to the hirer.

Chairs are to be used for the purpose of sitting on only.