

**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