



Municipality of Clyde River

P.O. Box 89

Clyde River, NU. X0A 0E0

Tel: (867) 924 6220

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Building and Equipment Rental Form

ᐱᓄᓐᓂᓄᓐ ᓂᓄᓐᓂᓄᓐ ᐱᓄᓐᓂᓄᓐ ᓂᓄᓐᓂᓄᓐ ᐱᓄᓐᓂᓄᓐ

User's name ᐱᓄᓐᓂᓄᓐ ᐱᓄᓐᓂᓄᓐ: _____

Contact person ᐱᓄᓐᓂᓄᓐ ᓂᓄᓐᓂᓄᓐ ᓂᓄᓐᓂᓄᓐ: _____

Billing address ᐱᓄᓐᓂᓄᓐ ᓂᓄᓐᓂᓄᓐ ᓂᓄᓐᓂᓄᓐ: _____

Telephone ᐱᓄᓐᓂᓄᓐ: () _____

Fax ᓂᓄᓐᓂᓄᓐ: () _____

Date rented (from) ᐱᓄᓐᓂᓄᓐ ᓂᓄᓐᓂᓄᓐ ᓂᓄᓐᓂᓄᓐ: _____ (to) ᓂᓄᓐᓂᓄᓐ _____

Hour (from) ᐱᓄᓐᓂᓄᓐ ᓂᓄᓐᓂᓄᓐ _____ (to) ᓂᓄᓐᓂᓄᓐ _____

(ᓂᓄᓐᓂᓄᓐ ᓂᓄᓐᓂᓄᓐ ᐱᓄᓐᓂᓄᓐ) (Indicate what building or equipment you are renting)

Building or Equipment Rented: _____ Cost \$ _____
ᐱᓄᓐ ᓂᓄᓐᓂᓄᓐ ᓂᓄᓐᓂᓄᓐ ᐱᓄᓐᓂᓄᓐ _____ Cost \$ _____
_____ Cost \$ _____

Rate per day (hour) \$ _____ x Number of days _____ Cost \$ _____
ᐱᓄᓐᓂᓄᓐ ᓂᓄᓐᓂᓄᓐ (ᐱᓄᓐᓂᓄᓐ) ᓂᓄᓐᓂᓄᓐ ᐱᓄᓐᓂᓄᓐ ᓂᓄᓐᓂᓄᓐ Sub Total _____
15% administration fee _____
GST 5% _____
Total _____

To be billed:
ᐱᓄᓐᓂᓄᓐ ᓂᓄᓐᓂᓄᓐ ᓂᓄᓐᓂᓄᓐ ᓂᓄᓐᓂᓄᓐ

Cash payment: _____ Receipt # _____
ᓂᓄᓐᓂᓄᓐ ᐱᓄᓐᓂᓄᓐ ᓂᓄᓐᓂᓄᓐ ᓂᓄᓐᓂᓄᓐ

_____ Date: _____
User's Signature ᐱᓄᓐᓂᓄᓐ ᐱᓄᓐᓂᓄᓐ ᐱᓄᓐᓂᓄᓐ ᓂᓄᓐᓂᓄᓐ ᓂᓄᓐᓂᓄᓐ