

Project Number _____

Date ____/____/____

Temporary Rentals

(Requisition)# _____

(This Form is Not Used for Accessories, Legal Fees, Materials, or Other Services. Please, Use Appropriate Requisitions for Categories Not Used Here)

Type Service _____ Service Contact Person _____

Best Phone _____ e-mail _____

Name of Service Provider _____ County/Parish _____

Address _____ City/Town _____

State _____ Zip _____

Scope of Use

Cost Considerations

Flat Rate \$ _____; Per Hour \$ _____; Per Day \$ _____; Per Week \$ _____

How Long Needed _____ Projected Total After Taxes \$ _____

Submitted by(Please Print) _____ Signature _____

Representing _____ Date ____/____/____

Space Below for Owner/Authorized Resident Use ONLY

Homeowner/Authorized Resident Determination

Rental of Above Mentioned Item is _____ Approved _____ Declined

Reason(s) for Decision:

Signed _____ Date ____/____/____

Relationship to this project (Please, check one) _____ Homeowner; _____ Authorized Resident