

**CITY OF LYNN  
DEPARTMENT OF PUBLIC WORKS**

Event Date: \_\_\_\_\_ Pickup Date: \_\_\_\_\_

Event: \_\_\_\_\_

Location: \_\_\_\_\_

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14

Tools List	Amount	Supplier Name

Remarks/other:

**Any unused supplies (trash bags,gloves) will be returned to the DPW at the conclusion of the event.**

I have received the tools listed above and accept responsibility for their return.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Mailing Address

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_