



**DISTRICT OF SQUAMISH
TRAFFIC CONTROL DEVICES – DEPOSIT**

Representative's Name: _____

Company Name: _____

Company Address: _____

(Address to return refund) _____

Phone Number: (604) _____

Where to be used: _____

Date to be borrowed: _____

Date to be returned: _____

Number of Items Borrowed:

Number of Items Returned: (for office use only)

Undamaged

Damaged

Barricades _____

Traffic Cones _____

Flashing Lights _____

Traffic Signs _____

Delineators _____

Stop/Slow Paddle _____

Approved: _____
Supervisor Signature

Pick Up: _____
Representative Signature

For office use only

A deposit of **\$100.00** was received and credited to GL #1042500006 on _____(date)

Items were returned: _____. Please refund deposit in the amount of \$_____ to the applicant.
(date)

The amount of \$_____ was deducted to repair the damaged items.

Supervisor Signature

RETURNED BY: _____
Representative or Designate Signature