

No. _____
Date: _____

TOWN OF BARRE

PICNIC SHELTER RESERVATION BILLING FORM
(Maintenance Supervisor to Town Clerk's Office)

Group/Family Name: _____

Reservation Date: _____ Time: _____

Name and Mailing Address of Responsible Person:

Telephone Number: (____) - ____ - ____.

Number of people expected: _____

Amount to be billed: \$ _____ GL (011-347-700)

.....
(Town Clerk's Office to Maintenance Supervisor)

Date Received: _____ Date Billed _____ AR# _____

Fee Paid \$ _____ Cash _____ Check # _____

Date Paid _____

Reservation Confirmed: _____