



# CLEARWATER COUNTY

## SIGN RENTAL AGREEMENT FORM

**ORGANIZATION**

**NAME**

**ADDRESS**

**PHONE #**

**CONTACT**

**LOCATION / JOB**

**MATERIALS  
TAKEN**

**DATE OUT**

**PRINT NAME**

**SIGNATURE**

**COUNTY REP**

**DATE IN**

**PRINT NAME**

**SIGNATURE**

**COUNTY REP**

Form must be filled out in full. Any and all damages that occur while in possession of the above organization will be the sole responsibility of the above organization. **This form cannot be submitted electronically and requires an original signature.** Please bring in form upon pickup of signs.

PHONE 403-845-4444

CLEARWATER COUNTY  
BOX 550  
4340-47TH AVENUE  
ROCKY MTN. HOUSE, ALBERTA T4T 1A4  
FAX 403-845-7330

E-MAIL: [publicworks@clearwatercounty.ca](mailto:publicworks@clearwatercounty.ca)