



### Tractor Information

<b>Tractor Number</b>		<b>Fuel Tag Number</b>	
Owner Name			
Owner Address			
Phone Numbers:		Home:	Cell:
Email Address:			
Driver Provided		YES	NO
If yes Name(s):			
<b>Information Required on Delivery</b>			
Make		2WD	4WD
Model No.		Open Cab	Closed Cab
Serial No.			
Hours In			
Fuel Type			
Fuel Amount on Delivery		DELIVERED FULL	RETURNED FULL
Digital Photo Obtained		Yes:	No:
Comments:			
<b>LEASE AGREEMENT: Obtain information and Signature</b>			
Signature IN:		Date:	

<b>PICKUP DETAILS:</b>	
PICKUP: Saturday September 24th - 6:30 to 8 PM OR Sunday September 25th - 10 AM to 12 noon	
Hours Out:	
Signature Out:	Date/Time:
Print Name:	

Wagon Tour Committee Chair:  
 Debbie Schneider  
 519-338-2255                      cell: 519-492-0400  
[bdschneider@sonicwaves.ca](mailto:bdschneider@sonicwaves.ca)

Return This Form to: Debbie Schneider, 5637 - 7th Line RR 2 Harriston, Ontario N0G 1Z0