



Reservation for Beach Wheel Chair

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime phone number: _____

Date and Time chair requested _____

Location of chair drop off: Lakeview Beach _____ / Waterworks Beach _____

OFFICE USE ONLY

Requested date available: yes _____ no _____

Advised Service Department via email: Date: _____ Time: _____

Service Department delivered: Time: _____

Service Department picked-up: Time: _____

Paperwork returned to City Hall: _____