

Rural Municipality of Dundurn #314

PO Box 159 Dundurn, SK. SOK 1K0 Phone: 306-492-2132 Fax: 306-492-4758 Email: rm314@dundurnrm.ca

GENERAL LIABILITY RELEASE FORM

By signing my name below, I	t uses the tree planter untig g that I have returned the as it is in when I remove	il I return it to the RM of tree planter. I agree to d it from the RM property.
I acknowledge that I have read and understar spouse, children or any legal representative,		
DATE:		
SIGNATURE OF RM OF DUNDURN		
PRINT NAME	_	
SIGNATURE OF PERSON BORROWING PLANTER_		
PRINT NAME		
SIGNATURE WHEN RETURNED		
RM SIGNATURE WHEN RETURNED		