



RURAL MUNICIPALITY OF MOUNTAIN

P.O. Box 155

BIRCH RIVER, MB

Phone: (204) 236-4222

R0L 0E0

Fax: (204) 236-4773

Email: rmmountn@mts.net

EQUIPMENT RENTAL RATES

Name: _____ Workers Compensation Board Number: _____

Address: _____

_____ Phone: _____

_____ Date: _____

This will be your authority to provide the under-mentioned equipment at and for the prices or sums named and subject to the conditions hereinafter set out:

Type of Equipment	Make	Model	Rental Rate per Operating Hour

Aggregate: (per meter)	
Gravel: Pit Run	
Crushed	
Stone	
Sand	
Topsoil	
Clay	

I hereby agree to rent to The Rural Municipality of Mountain the equipment set out at the rental rates as shown above.

Owner of Equipment

Chief Administrative Officer