



Royal Bahamas Police Force

Application for the use of Barricades

Name of Applicant: _____ Organization: _____

Telephone (Home): _____ Telephone (Work): _____

Address: _____

Event/Purpose of Barricades: _____

Location of Events: _____

Amount of Barricades Required: _____ Length of Time Required (Days): _____

Date Required: _____ Return Date: _____

This is to certify that I am responsible for all barricades entrusted to me during the rental period and that I will be responsible for any damage caused or loss occasioned through the use of such barricades. I also understand that unless otherwise arranged, I am responsible for the collection of and the prompt return of all barricades and that the Royal Bahamas Police Force will not be responsible for any loss or injury to any person or property occasioned by the use of such.

Signature: _____ Date: _____

<input type="checkbox"/>	Approved	<input type="checkbox"/>	Not Approved
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