



### Tractor Information

|  |  |   |  |
|--|--|---|--|
| <b>Tractor Number</b>                                    |  | <b>Fuel Tag Number</b>                  |  |
| Owner Name   |  |   |  |
| Owner Address  |  |   |  |
| Phone Numbers:   |  | Home:                                   | Cell:                                  |
| Email Address:   |  |   |  |
| Driver Provided  |  | <input type="checkbox"/> YES            | <input type="checkbox"/> NO            |
| If yes Name(s):  |  |   |  |
| <b>Information Required on Delivery</b>                  |  |   |  |
| Make   |  | 2WD <input type="checkbox"/>            | 4WD <input type="checkbox"/>           |
| Model No.  |  | Open Cab <input type="checkbox"/>       | Closed Cab <input type="checkbox"/>    |
| Serial No.   |  |   |  |
| Hours In   |  |   |  |
| Fuel Type  |  |   |  |
| Fuel Amount on Delivery                                  |  | <input type="checkbox"/> DELIVERED FULL | <input type="checkbox"/> RETURNED FULL |
| Digital Photo Obtained                                   |  | Yes: <input type="radio"/>              | No: <input type="radio"/>              |
| 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