



Serbisyong May Malasakit Tents & Chairs



Name: _____

Address: _____

Contact No.: _____

Reason/Occasion: _____

No. of Days: _____

TENT

No. of Pieces

Large _____

Small _____

CHAIRS

Date of Pick-up/Delivery: _____

Date of Return: _____

Approved by:

Jinky Bron

CBAO, Head

Lowell Tagle

Barangay Affairs Specialist



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