



# St Lucia Civil Service Association

**DO YOUR BEST EXPECT THE BEST**

## RENTAL APPLICATION FORM

1) NAME OF APPLICANT: .....

2) POSTAL ADDRESS: .....

3) CONTACT INFORMATION: Email: ..... Cell # .....

Day Landline: ..... Facsimile: .....

4) ARE YOU A MEMBER OF THE CSA?: Yes  No

5) PURPOSE OF RENTAL: .....  
.....

6) DATE REQUESTED: .....

7) DURATION: From: ..... To: .....

8) SERVICES REQUIRED: Chairs: Yes  No  Amount

Tables: Yes  No  Amount

.....  
Signature of Applicant

.....  
Date

**For Official Use**

Date Received: .....

Action Taken: .....

Remarks: .....

Payment: .....

.....  
Signature of CSA representative

.....  
Date