

REQUEST TO MAKE ALTERATIONS – TRAMPOLINE

Name:

Address:

Phone:	
Date:	
 Tranadd Tran Tran Tran An a Gras Any Utili Plea 	sting approval to have a trampoline in my backyard. I understand and agree to the following policy: inpolines must have a clearly visible, permanently attached label with the service member's name, ress and phone number; inpolines must be securely anchored to the ground and NOT attached to the house or fence; inpolines must have safety nets; inpolines are allowed only in fenced-in back yards; indult (18 years or older) must be present to supervise trampoline use; is under and around trampolines must be properly maintained; indamages caused by trampolines will be at the resident's expense. Ity Clearance must be obtained from the MVC maintenance office prior to trampoline installation. It is see call maintenance at 520-458-5885.
Approved:	Date:
Rejected:	Date: