

Request Form
for
Use of District-Owned Equipment

The user of district owned equipment shall be fully liable for any damage or loss occurring to the equipment during the period of its use and shall be responsible for its safe return.

Name: _____

Address: _____

Phone: (Home) _____ (Work) _____

Organization: _____

Equipment needed: _____

Date(s) Needed: _____

Date/time equipment will be returned: _____

To be completed by District representative

Approved

Denied _____ Date: _____
(Supt. or designee)

Equipment may be picked up: Time _____

Location _____

Return Checklist:

Equipment Returned - Date/Time _____

Condition verified as good

Damage noted _____

Signature of person accepting equipment _____