

EQUIPMENT CHECK-OUT FORM

## **CONTACT INFORMATION**

Agency:									
Contact – First Name:			Contact - Last Name:			Title:			
St #	Street Add	lress		Unit #	City		State CA	Zip Code	
Home Phone	lome Phone Cell Pho		ne		Work Phone		Fax Numbe	ax Number	
Email:					Web Site:				
EQUIPMENT USE DETAILS									
First 5 Alameda County Contractor?									
Date(s) Needed:									
Date of Pick-	-up:								
Date of Return:									
How many headphones will you need?									
How many interpreter transmitters will you need? (number of languages)									
REASON FOR BORROWING EQUIPMENT									
Parent Support group									
Community meeting									

Public Hearing

## Other:

Please describe:

## TERMS AND CONDITIONS FOR USE OF EQUIPMENT

First 5 Alameda County Every Child Counts staff and contractors have first priority in the borrowing or use of equipment. To borrow the equipment, you must first complete the "Equipment Check-out Form" and fax to (510) 875-2410.

**EQUIPMENT LOSS OR DAMAGE** – Borrower assumes full responsibility for equipment while in his/her custody and until returned to First 5. Any missing equipment (cables, power packs, remote controls, etc.) will be charged at the cost of replacement, including sales tax and delivery. Damaged equipment will be charged at the cost of replacement.

**ACCEPTANCE OF AGREEMENT.** I accept the above terms and conditions of borrowing the equipment. I accept full responsibility for the care of all the items I borrow. I understand that my agency will be billed for any damage to the equipment or loss of the equipment. I also agree to return the equipment within 24 hours after usage.

Print Name:				
Signature:				
Date:				
		For Offic		
Date Returned				
All Equipment pre	esent:	Yes	No	
Comments:				

Attendant's Signature

Equipment Check-Out Form