

BERRIEN RESA
EQUIPMENT USAGE FORM

**ALL ITEMS MUST BE PICKED UP AND DROPPED OFF BY 2:00 P.M. AT THE BUILDING AND
GROUNDS DEPARTMENT
(UNLESS OTHER ARRANGEMENTS HAVE BEEN MADE)**

EMPLOYEE NAME: _____ BUILDING ASSIGNMENT: _____

DATE OF REQUEST: _____ USE DATE(S) REQUESTED: _____

WORK PHONE NUMBER: _____ HOME PHONE NUMBER: _____

ITEM(S) REQUESTED FOR USE:

WE HAVE 16 – 8’ TABLES, 2 – 6’ TABLES & 98 CHAIRS AVAILABLE FOR LOAN.

QUANTITY	DESCRIPTION OF ITEM(S)

AUTHORIZED BY: _____ DATE: _____

(Office use: pick up date/time: _____ return date/time: _____)

ITEM(S) CHECKED OUT BY: _____ DATE: _____

I accept full responsibility for any property loss or damage of the item(s) I have checked out and agree to pick up/return item(s) at the designated times.

Signature

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ITEM(S) CHECKED IN BY: _____ DATE: _____

CONDITION ITEM(S) RETURNED IN: SAME AS DAMAGED

NOTE: _____

Requester must bring their own tie downs. If it is inclement weather, you must bring a covered Vehicle. The equipment must be returned in the condition in which it was received.