

AUGRES-SIMS SCHOOL DISTRICT
EQUIPMENT USE REQUEST

Equipment loan request must be submitted ten (10) business days prior to date of use.

Building: High School _____ Elementary _____

Applicant Name:

Non-Profit Group/Business Name:

Dates/Times of Use:

Equipment Requested for Loan:

Equipment to be Returned: Date: _____ Time: _____

Person(s), group or organization using above described equipment agrees to be held fully responsible and replace, repair or pay in full for all property damaged, destroyed and/or lost.

Applicant Signature: _____ *Date:* _____

Principal Signature: _____ *Date:* _____

Superintendent Signature: _____ *Date:* _____

Approved: Yes _____ No _____

Date/Time Equipment Loaned: _____ Loan Person:

Equipment Loaned: _____ Number of
Items: _____

Condition of Property:

Date Equipment Returned: _____ Person Accepting Return:

Equipment Returned: _____ Number of
Items: _____

Condition of Property:

Copies To: Applicant Building Principal Support Personnel
Superintendent