FORM # 1000.2 (R7/11)

PERSONAL USE OF DISTRICT EQUIPMENT

Name:		**Phone Number:**	
Address:			
Company:			

Department Member Authorizing Use:	

List All Equipment Being Used Here:

I, _____, hereby assume full responsibility for all of the equipment listed above. I understand fully that if any of this equipment is lost, stolen, damaged or destroyed while in my possession, I am obligated to pay the full cost to repair and/or replace the equipment. I further understand that the above listed equipment must be returned no later than 3 days from now.

_____

Signature Date

_____

Department Member Signature Date