

Rappahannock EMS Council Equipment Reservation Form

Name:			ı	Phone #:			
Agency Affiliation:			E	Email Address:			
		Equipment	Being Ch	ecked Out			
Quantity		Equipment		Condition When Checked Out (Good, Fair, Poor)	User's Initials	Condition When Returned (Good, Fair, Poor)	
		Equipment	Pick Up a	and Return			
Date Equipm	nent Picked Up:		Date E	quipment will be Re	eturned:	<u> </u>	
(Please initial be Retu Retu Repl	aced lost or dama	d initials not checks t on time. t clean and in the same			ned out.		
Signature			- U O-	Date			
		Offic	e Use Or	11y			
Re	quest Approved I	B <mark>y</mark>			Date		
Date Return	ed: / /		Accepted	By:			