



**Rappahannock EMS Council  
Equipment Reservation Form**

<b>Name:</b>	<b>Phone #:</b>
<b>Agency Affiliation:</b>	<b>Email Address:</b>

<b>Equipment Being Checked Out</b>
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Quantity	Equipment	Condition When Checked Out (Good, Fair, Poor)	User's Initials	Condition When Returned (Good, Fair, Poor)

<b>Equipment Pick Up and Return</b>
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<b>Date Equipment Picked Up:</b> ___/___/___	<b>Date Equipment will be Returned:</b> ___/___/___
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**I understand that it is my responsibility to:**

(Please initial beside each item)

- \_\_\_\_\_ **Return the equipment on time.**
- \_\_\_\_\_ **Return the equipment clean and in the same condition it was in when loaned out.**
- \_\_\_\_\_ **Replaced lost or damaged equipment.**
- \_\_\_\_\_ **Adhere to the conditions in the Equipment User Agreement.**

Signature	Date
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-----Office Use Only-----

Request Approved By	Date
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Date Returned: \_\_\_/\_\_\_/\_\_\_                      Accepted By: \_\_\_\_\_