

Access Equipment Check-out Form QCTV-15

Andover, Anoka, Champlin & Ramsey

Access User's Name:			
Home Phone Number:		Work:	
Pick-up Date:		Time:	
		Time:	
Request Date:			

Actual Pick-up Date:			
Actual Drop-off Date			

Category	ID#/name	Units	Equipment
Camera:			
Camera Battery:			
Tripods:			
Audio:			
Cable:			
Adapters:			
Light Kits:			
Misc.			

Notes:			
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Responsibility Statement:

By signing this document, the Access User acknowledges full responsibility for loss or damage to equipment listed above until returned and assessed by authorized QCTV staff:

Access User _____
(we must have your signature)

QCTV Check-in Staff _____