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Equipment Sign Out Form

By signing below I certify that I agree to the following conditions:

- ✓ I am familiar with and will follow section 3.1 of the Access Nashua Policies regarding equipment usage.
- ✓ I made sure all equipment I need is listed and the form is approved by the Operations Manager or Designee. I know that the completed form will be kept on file.
- ✓ I recognize that the use of this equipment will result in programming for community access television to be aired by Access Nashua.
- ✓ I will return the below listed equipment when specified below. Failure to do so may lead to temporary revocation of my sign out privileges or other disciplinary action as allowed under Access Nashua Policies.
- ✓ I know that returning equipment must be at an agreed upon time as designated by the Operations Manager or Designee.
- ✓ I will report any problems or damage with equipment to the Operations Manager or Designee.
- ✓ I know that batteries in need of charging will be given to the Operations Manager or Designee.
- ✓ I know that I will responsible to pay in full for any repairs or replacement which may be necessary as a result of missing items or user damage to the below listed equipment while it is in my care.

Mishandling of equipment may lead to loss of Patron privileges!

Print Name: _____ **Signature:** _____

Address: _____ **Phone:** _____

Date signed out: _____ **Date to be returned:** _____

Equipment being signed out:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Approved by : _____ **Date:** _____

Returned on : _____