



711 St. Joseph Ave.
PO Box 364
Berrien Springs, MI 49103
269-471-7725
berrienresa.org

EQUIPMENT USAGE FORM

Please Complete and Return this Form at Least Two (2) Days in Advance to:
Facilities & Operations Department, Lisa Strzyzkowski at lisa.strzyzkowski@berrienresa.org

All Items Must Be Picked Up and Dropped Off by 2:00P.M. at the
Facilities and Operations Department
(Unless Other Arrangements Have Been Made)

Employee Name: _____ Building Assignment: _____

Date of Request: _____ Use Date(s) Requested: _____

Work Phone Number: _____ Home Phone Number: _____

Item(s) Requested for Use:

We Have 10- 8' Plastic Tables & 40 Steel Chairs Available for Loan.

QUANTITY	DESCRIPTION OF ITEM(S)

Authorized By: _____ Date: _____

I accept full responsibility for any property loss or damage of the item(s) I have checked out and agree to pick up/return item(s) at the designated times.

Signature

Office Use

Pick Up Date/Time: _____ Return Date/Time _____

Items Checked Out By: _____ Date _____

Items Checked In By: _____ Date _____

Condition Item(s) Returned In Same As Damaged