



Lake Champlain Access Television

Colchester • Milton • Georgia • Fairfax • Westford • South Hero • Grand Isle • North Hero

## **EQUIPMENT SIGN-OUT FORM**

Name:

Daytime Phone:

Address:

Evening Phone:

Photo Identification: \_\_\_\_\_ on file or Type/Number:

Date:

Program Title:

### **Equipment Taken:**

Date To Be Returned:

***I hereby accept full responsibility for the equipment listed above, which will be used for the sole purpose of creating programming for LCATV. I will be the only person operating this equipment.***

Producer's Signature:

Date:

***I verify that all items listed above are in working order and taken by the above signed.***

Staff Signature:

### **EQUIPMENT RETURN**

Date/Time Returned:

Approx. Hours of Usage:

***All of the equipment listed above has been returned in good order (hidden damage excepted).***

Staff Signature: