



ACTV Channel 10 REMOTE EQUIPMENT CHECK OUT FORM

NAME _____ DATE _____

ADDRESS _____

TELEPHONE (DAYS) _____ (EVENINGS) _____

I have read the ACTV Operating Rules and Regulations governing the use of public access equipment and agree to abide by the terms and conditions contained therein. I assume full responsibility of the equipment and facilities while in my possession or control, including complete financial responsibility in the event of loss, theft, damage or irresponsible use of equipment. I understand that failure to observe these rules will result in suspension or possible termination of my public access privileges.

SIGNATURE _____ DATE _____

EQUIPMENT PICKUP DATE _____ TIME _____

EQUIPMENT RETURN DATE _____ TIME _____

SIGNATURE OF STAFF MEMBER APPROVING REQUEST _____

PACKAGE #	XTRA EQPT	RECEIVED	RETURNED

CHECKED OUT BY _____ DATE _____ TIME _____

CHECKED IN BY _____ DATE _____ TIME _____

CONDITION OUT _____ IN _____

COMMENTS _____

PLEASE USE SEPARATE FORM FOR EACH DATE REQUESTED