



## EQUIPMENT RELEASE FORM

Type of application request: (circle one) INDIVIDUAL/BUSINESS/ORGANIZATION

Name: \_\_\_\_\_

Address: (Street) \_\_\_\_\_ (City/Town) \_\_\_\_\_

State: \_\_\_\_\_ (Zip Code) \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Website: \_\_\_\_\_

### **Equipment Requested:**

TYPE OF EQUIPMENT	HOW MANY?

Notes regarding the equipment:

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Date removed: (m/d/y) \_\_\_\_\_ Return date: (m/d/y) \_\_\_\_\_

By signing below, I acknowledge and understand the DTV equipment policy as outlined by the staff member who allowed this equipment out of the studio. I will return this equipment on or before the due date listed above, and additionally, I am responsible for replacing ANY and ALL damaged, lost, or otherwise compromised goods that I have rented from DTV.

Staff Signature: \_\_\_\_\_ Assignee Signature: \_\_\_\_\_