

EQUIPMENT CHECKOUT FORM

Shire of Castlemere

Person Requesting Equipment: _____

Reason for Equipment: _____

Date Equipment Needed: _____ Intended Return Date: _____

List Equipment:

Equipment Check out:

Condition: _____

Terms(If Applicable): _____

Signature: _____ Date: _____

Responsible Officer: _____ Date: _____

Equipment Check in:

Condition: _____

Signature: _____ Date: _____

Responsible Officer: _____ Date: _____