



EQUIPMENT CHECK-OUT FORM

CONTACT INFORMATION

Agency:					
Contact – First Name:		Contact - Last Name:		Title:	
St #	Street Address	Unit #	City	State CA	Zip Code
Home Phone	Cell Phone		Work Phone	Fax Number	
Email:			Web Site:		

EQUIPMENT USE DETAILS

First 5 Alameda County Contractor? Yes No

Date(s) Needed:

Date of Pick-up:

Date of Return:

How many headphones will you need? _____

How many interpreter transmitters will you need? (number of languages) _____

REASON FOR BORROWING EQUIPMENT

- Educational Seminar or Training
- Parent Support group
- Community meeting
- Public Hearing
- Other:

Please describe:

