

**Request for Use of College Equipment
by Community Groups and/or Non-Profit Organizations**

Equipment Requested:
(include amount, such as number of tables, chairs, etc)

Date needed: _____

As agent of _____, user takes full responsibility any damage in the use of the above equipment, and agreement to return the equipment in the same condition as when released by the college, are assumed by the undersigned. Said equipment will be used at the following location for the following purposes:

Name: _____

Address: _____

Telephone: _____

Above listed equipment will be returned to the college on _____ between the hours of _____ and _____.

Campus Services hours: Mon-Fri 8:00am-5:00pm (summer hours may vary)
Phone: 503-657-6958 x2229/2385

Authorized by: _____ Date: _____

Return accepted by: _____ Date: _____

Title: _____