

Compass Community Connections
31 South Dorcas Street, Suite A, Lewistown, PA 17044 (717) 248-6261
EQUIPMENT LOAN AGREEMENT

Date Borrowed: (___ / ___ / ___)

Date Due (___ / ___ / ___)

Name: _____

Address: _____

City/Zip: _____

Phone: (___) _____ Email: _____

Please specify: Age _____ Gender _____ Ethnicity _____

ITEM(S) BORROWED: _____

ITEM NUMBER(S): _____

DONATION/DEPOSIT AMT: _____

COMMENTS: _____

EMPLOYEE INITIALS: _____

Statement of Agreement to Terms:

Equipment loaned for Compass Community Connections is based upon availability of the equipment.

I agree that the above equipment has been loaned to me for a period of no longer than 90 days. I, the borrower, will be responsible for the equipment and use it for its intended purpose within that time period. The equipment will be returned in good working condition **with only normal wear and tear**. Any loss or damage to the equipment will be immediately reported to Compass Community Connections at (717) 248-6261.

If I cannot return the equipment by the specified due date or it is not in **good** working order, I will immediately notify the lender to make arrangements for the use of the equipment.

I further understand that a valid prescription signed by my physician is required in order to borrow certain equipment.

I agree to these conditions as set forth.

Borrower Signature
02/12/2018

(___ / ___ / ___)
Date