



City of Craig Parks and Recreation Department
Po Box 725 Craig, AK 99921
(907)826-3275

Equipment Use Form

Equipment being used _____ Qty _____
_____ Qty _____
_____ Qty _____

Physical location where equipment will be used:

Date equipment will be picked up: _____

Date equipment will be returned: _____

Responsible party Name: _____

Address: _____

Phone: _____

I will return equipment in the same or better condition than I borrowed it, on the date stated, or I will lose my deposit and may be billed for damages and/or replacing equipment.

Signature: _____ Date: _____

OFFICE USE:

Deposit Amount _____

Equipment Returned On _____

Equipment Damaged ____ Y ____ N