

GPS EQUIPMENT REQUEST

Name: _____

Applicant must be 18+ and provide a photo ID

Address: _____ City: _____ State: _____ Zip: _____

Primary Phone: _____ Email: _____

Day(s) and Date(s) requested: _____

Equipment may be reserved for a maximum of 48 hours at a time and must be reserved a minimum of 48 hours in advance of requested date(s).

Number of GPS's requested (max 2 per person): _____

A \$10.00 cash/check deposit is required for each GPS unit at the time the request is submitted.

THE PERSON AGREES TO THE FOLLOWING:

- They are financially responsible for any damage or loss of the equipment from the time of pickup to return
- They are responsible and liable for all persons using the equipment
- They are responsible for the pickup and return of the equipment at the designated site
- The park district is not responsible for any injury or loss that occurs on park district property
- Parks are open daily, dawn to dusk
- No smoking or alcohol is allowed on park property

Signature of applicant: _____ Date: _____

FOR OFFICE USE ONLY

Request Approved: **Yes** **No** **Modified** Authorized by: _____

Day(s)/Date(s)/Time(s): _____ Additional Info: _____

Deposit received: Cash: _____ Check#: _____ Amount: _____

Date received: _____ By: _____ Date returned: _____ By: _____

Signed out by: _____ Date/Time: _____ GPS# _____
Park District Employee

Signed in by: _____ Date/Time: _____
Park District Employee

Equipment Condition when returned: _____

