WLWSD Equipment Checkout Contract
School: _____

I plan to store/use district equipment at my home from _____ to _____.
date date

Name: _____

Address: _____

Phone: _____ Date: _____

Date	Taken	WLWV Inventory #	Signed	Returned:	Initials

I understand that if the above specified pieces of equipment are lost, stolen or damaged I will be responsible to replace those items at their replacement value.

_____ _____
Staff Signature Administrative Signature