



EQUIPMENT RENTAL REQUEST FORM

USE THIS FORM TO: Request rental equipment from the Media Services Department.
*Please use Adobe Reader to fill out this form.

1: Contact Info

_____	_____
Name of Organization/Department	Your E-mail (you will be contacted for follow-up)
_____	_____
Your Name	Your Phone Number

2: Request Info

_____	_____	Event Description _____
Date/Time Needed	Expected Return Date/Time	
_____		Anticipated Needs & Quantity _____
Event that Equipment will be used for		

Location that Equipment will be used		
<input type="radio"/> Customer Pickup (from the Help Desk in the Lower Level of Benner) <input type="radio"/> Media Setup		

3: Account & Billing Info

How will you be paying for this event? Account # Check

Paying with Account # _____		Paying with Check _____ If paying by check, please mail & make the check to: Media Services Department Olivet Nazarene University One University Ave. 6021 Bourbonnais, IL 60914
Account # _____	Name on Account _____	
Campus Box # _____	E-Mail Address _____	



4: Office Use Only

Project Status

- Contacted for Additional Information
- Approved by Media Services Manager
- Formal Estimate Approved by Media Services Manager
- Formal Estimate Sent to Customer
- Formal Estimate Approved by Customer
- Finalized Setup and Requests

Contact Person on Day of Event

Contact Person's Number

Room Availability Time

WO #

Approval Date

Signature

Additional Notes

5: Agreement Policies

Completed request must be submitted a minimum of two weeks prior to the event; three weeks' notice is preferred. If not submitted on time, your request may not be fulfilled. Submitting requests does not mean that it is accepted or supported until it had been approved by the Media Services Manager.

Equipment must be returned in the exact state that it was received. For every day that equipment is not returned after the expected return date, an additional charge will accrue.

A charge will be imposed unless cancellations are communicated to the Media Department 24 hours in advance of your event. Your account will be charged for any services that have already been performed for the event.

Media Department services and staffing are not available on Sundays or holidays. Most evening & weekend events will be billed at a premium rate.

By submitting this request, you indicate that:

- You have read the above policies and agree to comply.
- You understand that our primary mission is an academic one, and there is a possibility that academic events may take precedence.
- All requests are considered tentative until confirmation is received.
- You understand that the building/room must be reserved and approved before this request can be accepted.
- You understand that this form is only for the use of the Media Services Department and any additional needs (such as conferences, catering, physical plant, etc.) must be submitted to those appropriate departments.

6: Save & Send

1.  SAVE PDF*

2.  ATTACH PDF TO EMAIL & SEND TO:
mediadept@olivet.edu

Double check that all the required (*) questions have been answered. This information is necessary to approve your event request.

Send e-mail inquiries to mediadept@olivet.edu, including requests to view the stage layout, adding additional notes, or sending the order of service. To request a meeting, call (815) 939-5302 to talk with Thane Moore, Media Services Manager.

*If the "Submit Form" button does not work, click on "File" then "Save As..." at the top of your window to save it on the desktop, then send to mediadept@olivet.edu