## **Tie Card Scanning Equipment Checkout Sheet**

| Name (individual checking out   | equipment)  |  |
|---|---|--|
| Street address  |   |  |
| City  | State   | Zip  |
| Phone   | Cell Phone  |  |
| Email   |   | Fax  |
| Agency (organization checking   | g out equipment)  |  |
| Street address  |   |  |
|   |   | Zip  |
| Phone   | Email   |  |
| County where equipment will be  | oe used   |  |
| Check Out Date  |   |  |
| Return Date   |   |  |
| problems with the equipment, cor<br>Jenny Dubeansky<br>Indiana Geographic Informati<br>140 N. Senate Avenue, Room<br>Indianapolis, IN 46204<br>Phone: 317-234-2924<br>idubeansky@igic.org | ntact:<br>on Council (IGIC)                                       | e for availability. For questions, reservations or   |
| under a warranty/maintend<br>that my company or I will b<br>equipment.  I am also responsible to see  | e that the equipment is returned                                  | ipment. The equipment and software is vers normal wear and tear. I understand damage due to mishandling of the |
|   | l that checks out the equipment<br>Juipment transfers from one pe | t. A new Equipment Checkout Sheet must erson to another.   |
| Signature   |   | Date   |
| Printed   | Company/Agency  |  |

FOR OFFICE USE ONLY Date Returned