Blue Mountain Union School District
Authorization to Borrow/Rent Equipment

Person/Group Making the Request

Name: ____________________________

Group or Individual

Group Contact Person If Applicable

Address: ____________________________

City: ____________________________ State: ____________ Zip: ____________

Dates:

Beginning

Ending

Equipment Requested: __________________________________________________________

Rental Fee

Rental Fee

Rental Fee

Rental Fee

Rental Fee

Total Fee Charged: ____________________________ This fee is payable upon receipt of the approved
rental form. All checks should be made payable to Blue Mountain Union School and sent to the addr
indicated below:

Blue Mountain Union School
Attn: Business Manager
RR #1 Box 50A
Wells River, VT 05081

All equipment should be returned to the district in the same condition that it was in at the time it was
signed out. If the equipment is lost, stolen or damaged while on loan the cost for necessary repairs or
replacement will be incurred by the person or group who borrowed/rented the equipment.

Signature ____________________________ Date ____________________________

Signature of BMU Employee Authorizing Release ____________________________ Date ____________________________