

**Wilton-Lyndeborough Cooperative School District
Equipment Checkout Form**
(For electronic equipment see EDC-R1)

I accept responsibility of this district owned equipment with the understanding of the following terms of agreement:

By signing the form below, I assume financial responsibility for any lost or damaged equipment during the period under my care. I agree to report any damage or loss of equipment immediately to the school and will properly secure the equipment when in my care.

Employee Section:

Name: _____

Building: _____

Date: _____

Item: _____

Reason for checkout: _____

Signature: _____

Please return this form before removing the equipment from the school.

Principal/Director Section:

Principal/Director Signature: _____

Date: _____

Condition/Notes: _____

Upon Return:

Return Date: _____

Initials: _____

Condition/Notes:
