



# BUSINESS ASSET REQUEST FORM

COMPLETED FORMS MUST BE RETURNED TO CITY HALL IN PERSON OR SENT BY EMAIL TO ADMIN@CITYOFCOLUSA.COM

DATE \_\_\_\_\_

NAME \_\_\_\_\_

COMPANY / ORGANIZATION \_\_\_\_\_

PHONE NO \_\_\_\_\_

EMAIL \_\_\_\_\_

ADDRESS \_\_\_\_\_

## REQUESTED ITEMS

ITEM DESCRIPTION	QTY	START DATE	END DATE

TOTAL ITEM COUNT

**STATUS** DELIVERED/PICKED UP \_\_\_\_\_ RETURNED \_\_\_\_\_

My signature indicates that I am responsible for the care of the above equipment. The above equipment will be returned in the same condition that it was when I received it.

I understand and agree my liability in case of damage or theft is up to the full replacement value.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

ADMIN. SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_