

Maintenance & Operations
 Warehouse & Delivery
 1001 Circle St.
 Wenatchee, WA 98801



509-387-6085
 Fax 509-663-0244

Event Equipment Request Form

Chairs, Tables, Tarps, Risers, etc.

Please Complete both pages of this form completely and Fax or Pony to M&O (663-0244) **simultaneously** submitting a work order via your Lead Custodian

Name of Event: _____ **Date** _____

Location of Event: _____ Name of Requester _____

1. **Room #** or area where equipment needed? _____
2. **Delivery date** and time requested: _____
 A minimum of two week lead time required or availability of equipment and ability to delivery is not guaranteed.
3. Total Quantity Needed:
 Chairs: _____ Tarps: _____ Description: _____
 Tables: _____ Other: _____
4. Please reserve chairs/tables from M&O Warehouse and other sites as necessary before submitting a work order. Below, please list by site, quantity reserved, and the name of the person with whom you made arrangements. Reference the District Chair Inventory online for availability.

Chairs			Tables/Tarps/Risers/ Other		
Site	Quantity	Contact	Site	Quantity	Contact
M&O	_____	_____	M&O	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Please, no fewer than 50 chairs from any one location.

5. Chairs/Tables will be staged at a central drop-off location.
6. Chairs to be placed on wood gym floors **must** be placed on tarps. No exceptions.
7. **Date** when chairs/tables can be returned to source: _____
8. For return, ensure chairs returned to appropriate racks and placed at same location as dropped off.
9. Questions? Call M&O 663-0555, or e-mail Pam Peer or Sherry Hamilton.

INTERDEPARTMENT EQUIPMENT USE AGREEMENT
TO BE COMPLETED BY AUTHORIZED REQUESTER WITH BUDGET AUTHORITY

Site: _____ Authorized User: _____

Date of delivery: _____ Date to be returned: _____

I accept responsibility for the reasonable care and security of this property, which is in our possession for the dates listed above. I understand that if the items used are returned dirty, vandalized with graffiti, broken, bent or are in any way significantly damaged, our building, department or user group will be charged the cost of replacement, repair, or cleaning. I authorize the below budget for reasonable charges. No charges will be made without prior notification of the undersigned.

Budget Code: _____

Authorized Requester: _____
(sign)

Date: _____

Name: _____
(print)

Title: _____

**Damaged equipment will be surplusd per District requirements. You will receive first right of surplus.*

Equipment Return Record

Please check one:

All equipment borrowed from this building and listed on this Event Equipment Request Form was returned in good order.

The following exceptions are noted regarding the equipment borrowed from this building and listed on this Event Equipment Request Form:

Signed: _____

Date: _____

Name: _____

Title: _____

Deliveryman agrees with the above statement:

Signed: _____

Date: _____

Name: _____

Title: _____