

Washoe-Pleasant Valley Cooperative Weed Management Group

EQUIPMENT RENTAL RELEASE FORM

Renter Name: _____ **Date of Request:** _____

Physical Address:

Street Address City State Zip Code

Mailing Address:

Street Address City State Zip Code

Telephone Number: _____ **Email Address:** _____

PLEASE CHECK THE BOX BELOW OF THE EQUIPMENT YOU WOULD LIKE TO RENT:

Backpack Sprayer 40 gallon truck/ATV sprayer

Serial # _____

OTHER: _____

EXPECTED DATE OF RETURN: _____

(if equipment needed longer renter must contact the CWMA Coordinator to extend return date)

By signing this form the renter agrees that the equipment will be cared for properly and will be returned by the date specified above. If the renter does not return the equipment in same condition or by the above date, the renter agrees to purchase the equipment from the Washoe-Pleasant Valley CWMA at fair value.

CWMA Coordinator Contact Information: Robin Powell, 775-247-2798 or rpowell@audubon.org or **Weed Hotline** 775-687-1041

Renter Signature Date

CWMA Representative Signature Date

AFTER USE

DATE RETURNED: _____

ALL PARTS & CONDITION YES NO
ACCOUNTED FOR:

COMMENTS:

Signature of CWMA Representative

Signature of Renter