EQUAL
ACCESS
OFFICE

CITY OF OAKLAND'S OFFICE OF THE CITY MANAGER
INTERPRETATION EQUIPMENT CHECK OUT FORM

Personal Information:

Name: _____
Last First Middle

Agency: _____ Work Telephone: _____

E-mail: _____ Office Fax: _____

Office Address: _____

City: _____ State: _____ Zip Code: _____

Meeting Information:

Date: _____ Time: _____

Location: _____

Will you be translating one or two languages? _____

Agency/Department Information:

Agency/Department: _____

Fund/SF: _____ Organization #: _____ Account #: _____

Please Read and Sign Below:

I except full responsibility for the care of this receiver and transmitter equipment. I understand that my agency/department will be billed for any damage to the equipment or loss of the equipment. I also agree to return the equipment 24 hours after the completion of the meeting.

I have read, understand, and agree to above terms.

Printed Name: _____ Signature: _____

Date: _____

For Office Use Only:

Equipment Set: _____ **Return Date:** _____

Driver's License #: _____ **State:** _____

Condition of Equipment: _____

Attendant's Initials: _____