District Table and Chair Loan Program
267 Main St, Fairfield, ME 04937
(207) 453-4230 ph. (207) 453-4233 Fx.

M.S.A.D. #49 will loan district owned tables and chairs to the signee with the understanding that all items borrowed must be returned to the district on the agreed date. The signee agrees to return the equipment in the same condition in which it was received. The signee is responsible for transporting equipment in a safe manner during pick up and return. Any damages to equipment while on loan will be subject to repair, replacement or reimbursement by signee. M.S.A.D. #49 will not be responsible for any injuries incurred during use of equipment while it is on loan to the signee.

**Borrower Information:**
Name: ___________________________ Address: ___________________________
Primary Phone: __________________ Location of event: ________________________
# of Tables: ________ # of Chairs: ________ Date Pick up: ________ Date of return: ________
Additional information: _______________________________________________________

**By signing below, you agree to the above conditions.**
Signature: __________________________________ Date: ______________
Administrator Signature: __________________________ Date: ______________

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**Following to be completed by staff:**

**Please complete at time of pick up:**
# of Tables: __________________________ # of Chairs: __________________________
Table numbers borrowed: _____________________________________________________
Chair numbers borrowed: _____________________________________________________
Condition of equipment at time of pick up: _______________________________________
Note any equipment defects at time of pick up: ___________________________________

Signature of employee: __________________________ Date: ______________

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**Please complete at time of return:**
# of Tables: __________________________ # of Chairs: __________________________
Table numbers borrowed: _____________________________________________________
Chair numbers borrowed: _____________________________________________________
Condition of equipment at time of return: _______________________________________
Note any equipment defects at time of return: ___________________________________

Signature of employee: __________________________ Date: ______________

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**Supervisor sign off:** __________________________ Date: ______________
**Office sign off once form is completed and returned:** __________________________ Date: ______________

If additional space is needed us back side of form, indicate whether information was gathered at pick up or return times.

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