

**Complete Streets Toolkit Library**  
Checkout form



Borrowing Agency: \_\_\_\_\_

Representative Name: \_\_\_\_\_

Representative Title: \_\_\_\_\_

Toolkit Equipment Items loaned out: \_\_\_\_\_

Tag numbers: \_\_\_\_\_

Dates borrowed:      Start: \_\_\_\_\_      End: \_\_\_\_\_

Purpose for borrowing equipment: \_\_\_\_\_

\_\_\_\_\_

- I understand that this equipment was purchased with funds from a grant from the Ohio Department of Health, and I will do my best to prevent loss or damage.
- I will install the equipment in an inconspicuous location to minimize the probability of theft or vandalism.
- I will inform my police department about the equipment to minimize concerns about unknown devices.
- I will secure the equipment with, at a minimum, the locks, boxes and other security devices provided by MORPC.
- I will return the equipment to MORPC by the "End" date specified above.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_