



TOWNSHIP OF WEST MILFORD PASSAIC COUNTY
Phone (973) 728-7000 • 1480 Union Valley Road, West Milford, NJ 07480
WM77 (please e-mail your request to wm77tv@westmilford.org)

Equipment Request Form (A)
Policy and Procedures Exhibit A

Name: _____ Date: _____

Address: _____ Request Date: _____

Email: _____ Alternative Date: _____

Phone(s): _____

Subject of project: _____

I can demonstrate the ability to operate the equipment I seek to borrow for the purposes indicated.

You will be contacted by WM77 as to the pick-up time. Equipment must be returned by appointment.

Camera & Case: _____ Tripod: _____

Microphones: _____ Cables: _____

Other equipment (list all): _____

Statement of compliance for portable equipment check out

1. I have read and am thoroughly familiar with *The WM77 Policies & Procedures*.
2. I agree to return equipment at the time and date determined, and to take proper care of equipment in my custody.
3. I understand that failure to return equipment on time or returning it in damaged condition caused by willful neglect may prohibit my future use of any equipment and may cause me to be liable for said damages.
4. I further understand that WM77 equipment may not be used for commercial purposes or any co-ventures with any other persons and or agencies not authorized in advance by WM77.
5. Any violations of the above may result in forfeiture of my borrowing privileges and may subject me to legal action.

This section is to be signed at the time of PICK-UP:

I agree to return all equipment on the date and time indicated. I also agree that the above listed equipment is in good working order.

Applicant's Signature: _____ Pick-up Date & Time: _____

Date, time & location to be returned to: _____

WM77 approval: _____ Reference #: _____

This section is to be filled out at the time of RETURN:

Date & Time Returned: _____

Equipment inspected by (for WM77): _____ Inspection Date: _____

Equipment returned in good order YES | NO (Circle one)

If NO, equipment missing or damaged: (complete and attach *WM77 Incident Report*).



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Incident Report (B)
Policies and Procedures Exhibit B

Borrower's Name: _____ Date: _____

Reference#: _____

Description of missing and/or damages to equipment:

Camera: _____

Tripod: _____

Microphones: _____

Cables: _____

Other equipment (list all): _____

Borrower's Comments on the incident: _____

Additional comments may be made on back of this form

I have read and confirm that the information stated above is correct to the best of my

knowledge. Borrower's Signature: _____ Date: _____

WM77 representative: _____ Date: _____

Comments: _____

