

FUNDRAISERS ON CITY STREETS

TRAFFIC SAFETY VEST CHECK OUT SHEET

ORGANIZATION:				
DATES FOR EVENT:				
APPLICANT NAME:				
ITEMS TO BE RETURNED NO LATER THAN END OF BUSINESS ON:				

OLIANITITY.	EQUIPMENT:	INVENTORY	CONDITION	APPLICANT	CONDITION	CITY OFFICIAL
QUANTITY:		#:	LEAVING:	INITIAL:	RETURNING:	INITIAL:
	TRAFFIC SAFETY VESTS					
	TRAFFIC SAFETY VESTS					
	TRAFFIC SAFETY VESTS					
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The applicant agrees to return all equipment listed above in the same condition as it was issued on or before the designated due date. Applicant is responsible for replacement costs of any lost, stolen, damaged, or unreturned items. The applicant's signature attests that she/he has read, understands, and agrees to the terms of this agreement.

		CHECK OUT DA	ATE:
APPLIC	ANT SIGNATURE:		
APPLIC	ANT ADDRESS:		
CITY:		STATE: Z	IP:
APPLIC	ANT PHONE:		
APPLIC	ANT EMAIL:		
CITY OFFICIAL SIGNATURE:			

	CHECK IN DATE:	
APPLICANT SIGNATURE:		
CITY OFFICIAL SIGNATURE:		

City of Effingham, 201 E. Jefferson Avenue, Effingham, Illinois 62401 * 217-342-5300 * www.effinghamil.com