



User Last Name: \_\_\_\_\_

Deposit Received: \$ \_\_\_\_\_

## Lending Closet Equipment Agreement

PLEASE PRINT

Name of user: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell or work phone: \_\_\_\_\_

I understand that Hampshire Township accepts no responsibility for any injury resulting from the use of this equipment.

- Equipment is being loaned to you for three (3) months. If more time is needed, please call 847-683-9464. Approval dependent upon availability. Maximum check out time is one year.
- I agree to return the equipment on or before: \_\_\_\_\_.
- User agrees to clean and sanitize items before returning them.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Return Items To:  
**Hampshire Township**  
170 Mill Ave., Hampshire, IL 60140  
(847) 683-9464

*Revised 9/24/14*

<b>Item</b>	<b>ID #</b>	<b>Deposit</b>
Bath Chair with back		
Bath Chair without back		
Cane		
Cane - QUAD		
Commode		
Crutches (2)		
Reacher		
Toilet Risers with arms		
Walker with wheels		
Walker without wheels		
Walker with seat		
Wheelchair w/ footrests		
Wheelchair w/out footrests		
Wheelchair - transport w/ footrests		
Wheelchair - transport w/out footrests		
Motorized Scooter		

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**Signature of staff or volunteer completing form**

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**Date**

- **Original Equipment Agreement remains with Hampshire Township.**
- **Copy of Agreement is provided to User upon request.**