



Redwood

Assistive Technology Resource Center

Assistive Technology Loan Agreement: Responsible Party Information

First Name: _____ Last Name: _____

Responsible Party: _____ Home Phone #: (____) _____

Work Phone #: (____) _____ Agency/School: _____

Street Address: _____ City/State/Zip: _____

The above-mentioned party is responsible for:

- Return of all equipment and accessories listed below on or before due date.** If you must ship items(s) back at Redwood, please insure the item for its total value listed below.
- Repair of damaged equipment and accessories** listed below should any part be damaged while in borrower's or responsible party's possession. Items will be inspected upon return. Redwood staff and device manufacturer will determine any necessary charges for damage.
- Replacement of any items listed below not returned.** You will be billed the listed value for the lost item.
- Payment of any late fees** assessed if equipment is not returned at the due date. All equipment is due by the first business day of the month, unless otherwise noted below. Late fees will be charged weekly at the monthly rate. For example if you are two weeks late you will owe Redwood 2 times the total monthly rental fee listed below.

Signature of responsible party: _____ Date: _____ Staff

Loaned equipment information

Barcode Number	Item Name	Accessories	Condition	Value	Rental Fee

Start date of Loan: _____ Return to Redwood by: _____

Payment: Cash Check PO (attached) KEIS (IFSP Billing Summary attached) Shipping & Insurance Cost: _____ Administrative Fee: _____

Total Monthly Rental Fee _____

For questions or renewal of available items please call (859) 331-0880 ext 258

Staff Use Only Date Returned: _____ Condition of Items: _____