



Equipment Request

Today's Date: _____ Date Needed: _____ Time Needed: _____
 Return Date: _____ Return Time: _____

Independent Producer's Name: _____

Address: _____ Phone #: _____

Program Title: _____ Description of Program: _____

Location of Taping: _____

QTY	Enter # needed in the "QTY" box next to the requested equipment.	OUT	IN		QTY	Enter # needed in the "QTY" box next to the requested equipment.	OUT	IN
	Camera: <input type="checkbox"/> JVC # _____ <input type="checkbox"/> SuperCam # _____ <input type="checkbox"/> DV# _____ <input type="checkbox"/> Mini-DV # _____					Mic Extension Cable		
						Other A/V Cable <small>Specify Type: _____</small>		
	Tripod #					Laptop Computer		
	Camera Batteries					Audio Mixer		
	Hand Held Mic. #					Light Kit #		
	Lavalier Mic # <small>(AA batteries not included)</small>					Camera Light #		
	Wireless Mic # <small>(9v batteries not included)</small> Hand Held <input type="checkbox"/> Lavalier <input type="checkbox"/>					Extension Cords		
	Shotgun Mic # <small>(AA batteries not included)</small>					Switcher Package		
	Floor Mic Stand #					Portable Hard Drive		
	Table Mic Stand #					Tapes		
	Video Monitor #					Misc.		

CAMERA OPERATORS: _____

NOTES: _____

EQUIPMENT PACKED BY: _____ CHECKED OUT BY: _____

APPROVED BY OPERATIONS MANAGER: _____ DATE: _____

Equipment Usage Agreement

Request Guidelines:

- 1) All requests for equipment should be made at least 2 weeks in advance.
- 2) Requests are filled on a first come first served basis.
- 3) Cancellations should be made 24 hours in advance.
- 4) Failure to return equipment on time, or failure to cancel equipment when not using, will result in loss of equipment use privileges.
- 5) The producer is responsible for obtaining all necessary clearance arrangements PRIOR to equipment check-out.
- 6) Equipment cannot be taken out of Montgomery County, except as provided in Rule 3.2.

I acknowledge that the equipment that I have received from DATV is in working order. I am responsible for the equipment while it is in my possession and when I return the equipment I will do a complete systems check to verify that I am returning it in working order.

I have read and agree to abide by all rules and regulations of DATV. I understand that I am responsible and will immediately replace any equipment which is lost or damaged resulting from, but not limited to, misuse, mistreatment, accident, neglect or theft.

I further agree that the physical video tapes issued by DATV are the property of DATV and will remain at DATV.

I understand that I must complete this program within 90 DAYS from my final taping date. If the program is not finished, the tapes will be erased and reused. I also acknowledge that I am responsible for obtaining all necessary releases for this program including those for any copyrighted material.

Please Sign:

Equipment Received By: _____ Date: _____

Equipment Returned By: _____ Date: _____

Returned To Staff Member: _____ Date: _____

Overnight Request

I assume full responsibility for equipment. The equipment will be kept at my place of residence overnight. I have homeowners/renters insurance with _____

I understand that I am responsible for full repayment of all equipment in case of loss, damage or theft.

Producer: _____ Date: _____

Approved

By: _____ Date: _____

Revised
5/1/05