

DDPP EQUIPMENT RECEIPT AGREEMENT

PURPOSE : Form is used by the Drunk Driving Prevention Program henceforth referred to as DDPP to temporarily sign over DDPP equipment to a another party. Form is issued and signed by individuals volunteering for the DDPP. Date of birth, address and driver's license # is used for identification purposes.

DISCLOSURE: Disclosure is voluntary; however, failure to provide the information may result in ineligibility to receive equipment.

NAME: _____ PHONE NUMBER (____) _____

DOB: _____ DL # and State _____

ADDRESS: _____

Equipment:

Type: _____ Model _____

Value: _____ Serial #:: _____

Type: _____ Model _____

Value: _____ Serial #:: _____

Type: _____ Model _____

Value: _____ Serial #:: _____

I agree to take responsibility for the safe keeping of the equipment listed above. I agree to return the above equipment within 120 days from today. I agree that I have inspected the equipment and it is undamaged and fully functional. I agree that if the equipment is lost or damaged I am responsible to reimburse the DDPP the value of the equipment listed above within 150 days of today. If I do not return the equipment within 120 days I agree that I am liable for the full value of the equipment. I agree that I will be liable for any legal expenses that the DDPP incurs by filing legal action against me if I fail to return the equipment undamaged within 120 days and I fail to reimburse the DDPP for the value of the equipment within 150 days.

RECEIVER SIGNATURE DATE

Equipment Releaser:

NAME: _____ PHONE NUMBER (____) _____

RELEASER SIGNATURE DATE

WITNESS (not required):

PRINT NAME

SIGNATURE

Return of DDPP equipment:

Type: _____ Model _____

Value: _____ Serial #: _____

Type: _____ Model _____

Value: _____ Serial #: _____

Type: _____ Model _____

Value: _____ Serial #: _____

Returned by:

NAME: _____

I have inspected the equipment listed above and it is undamaged and fully functional.

SIGNATURE OF PERSON RETURNING EQUIPMENT

DATE

Returned to:

NAME: _____ PHONE NUMBER (_____) _____

I have inspected the equipment listed above and it is undamaged and fully functional. I agree that by signing below I am taking full liability for the equipment and if it is damaged or inoperable I am liable to reimburse the DDPP for the full value of the equipment.

SIGNATURE OF PERSON ACCEPTING EQUIPMENT

DATE