

Equipment Rental Form

NOTE: a \$100 refundable security deposit is required and it is the renter's responsibility to pick up and return equipment.

Req #: _____
Vendor #: _____



CONTACT INFORMATION				
Renter's Name		Tribal Department		Tribal ID Number
Street Address		City	State	Zip Code
Work Phone	Cell Phone	Email		

PURPOSE OF REQUEST				
Event Name/Description		# of Guests	# of Tables	# of Chairs
Date of Pick Up	Time of Pick Up <input type="checkbox"/> AM <input type="checkbox"/> PM	Date of Return	Time of Return <input type="checkbox"/> AM <input type="checkbox"/> PM	

RENTAL INFORMATION

Equipment is picked up and returned at the **Gathering Hall** when event is over (Monday through Friday from 8:00am to 3:00pm) or the first business day after event date, no later than 3:00 pm, unless prearranged with custodial staff.

NOTE: Approximate cost to replace tables is \$155.⁰⁰ each and chairs \$31.⁰⁰ each.

As per Tribal Government Facility & Equipment Policies (II General Rules #5): User must agree that costs may be withheld from the damage and cleaning deposit and any additional costs beyond the deposit amount may be deducted from the renter's per capita distributions including, but limited to, replacement of items/equipment missing or broken, re-key costs if key is not returned, until the total costs of damage/replacement is satisfied. Renter assumes responsibility for all equipment borrowed during your rental agreement.

The security deposit is returned in full or partial after the following:

- Maintenance staff members received all equipment that was rented and signs off on reimbursement portion on rental form
- CSR – Reimbursement Process • 14 Business Day Process – Refund or Cancellation Deposit

AGREEMENT	
This agreement may not be assigned or transferred, nor may the facilities be sublet or used by anyone other than the renter. I have read and understand this agreement and the Tribes Building Use Policy, which by reference is a part of this agreement. I agree to be bound by them.	
Date	Renter's Signature

EQUIPMENT CHECK OUT/IN STAFF APPROVAL				
CHECK OUT	Date	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Staff Member Name (Print)	Signature
	Date	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Staff Member Name (Print)	Signature

NOTE: There is a possibility of having to reschedule equipment rental in case of a community gathering, such as a funeral, which can occur at a moment's notice. Upper management will give as much advanced notice as possible for the renter to reschedule.