

	Mic Mixer Audio cable(s) Lav/Handheld Mic Mic stand		BristolJohnstonKent CountyNewport CountyNorthern RIPawt/East ProvProv/North ProvWesterly
	Portable Monitor  BNC cable(s)  Power Strip  Extension Cord		
	Other		
Phone (H)	(W)		
Program Title	(s):to be taped:		
Pick-up Date: To be returned	l by:	Time:	
Date:	T	ime:	

(over)

I understand that I am personally and financially responsible for the equipment listed on this form, and that it will be used solely by me for the above program to be cablecast on Ocean State Media Group's Public Access Channel and that it will be returned in the same condition as issued. I understand that failure to return the equipment by the date and time specified above may result in actions by Ocean State Media Group ranging from written warnings, to suspension and possible revocation of my Public Access privileges. In addition, I may be responsible for the cost of repair or replacement should the equipment be lost or damaged while it is in my care.

Signature	Date			
Checked out by (OSM Group employee print n				
Checked out by (OSM Group employee signatu	re):			
Date: Time:				
Checked in: OSM Group employee print name):				
Checked in: (OSM Group employee signature)				
Date: Time:				