SHAKER HEIGHTS CITY SCHOOL DISTRICT

Shaker Heights, Ohio

**EQUIPMENT REQUEST AND TRANSFER**

## **EQUIPMENT REQUESTS**

|  |  |  |  |
| --- | --- | --- | --- |
| School |       | Date of Request |       |
|  |  |
| Organization |       |
|  |  |
| Name of Person Placing Request |       |
|  |  |
| Activity |       |
|  |  |
| Location |       |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Activity Start Date | Activity End Date | Activity Start Time | Activity End Time | Equipment Delivery Date | Equipment Delivery Time | Equipment Pick Up Date | Equipment Pick Up Time |
|       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |

|  |  |  |
| --- | --- | --- |
| EQUIPMENT AVAILABLE |  | QUANTITY DESIRED |
| Choir Risers |  |       |
| Coat Racks |  |       |
| Coffee Urns |  |       |
| Folding Metal Chairs |  |       |
| Folding Tables – 6 foot |  |       |
| Garbage Cans |  |       |
| Platforms 4x12 – 8” |  |       |
| Platforms 4x12 – 16” |  |       |
| Platforms 4x12 – 24” |  |       |
| Art Display Boards 4’x3’ |  |       |
| (Order the number of sections needed. Two sections fit on top of each other between two poles.) |

## **EQUIPMENT OR SUPPLIES TO BE TRANSFERRED FROM BUILDNG TO BUILDING**

|  |  |  |  |
| --- | --- | --- | --- |
| From Building |       | To Building |       |
|  |  |
| Where to be picked up in building? |       |
|  |  |
| Where to be delivered in building? |       |
|  |  |
| Number of boxes or packages; description of item/items |       |
|  |  |
| Date items are to be transferred |       |
|  |  |
| This request must be sent to the District warehouse at least ten (10) days prior to the time equipment or transfer of equipment is needed. Permission to use equipment shall be determined by equipment availability and previous requests. The District warehouse shall resolve time conflicts for use of equipment.  |
|  |  |
| Signature of person requesting equipment or transfer |  |
|  |  |
| Name and address (if outside group) |       |
|  |       |
|  |  |
| Approved by |  |
| (signature of building principal/administrator) |

Please complete this form; forward copy with original signatures to Warehouse Secretary and retain one copy for your files.

revised 4/05