

Section III (to be completed upon return of equipment by person returning equipment)

Date Returned: _____

Equipment returned in acceptable condition: Yes No

Fuel tanks full for each vehicle used: Yes No

Agency Representative Signature Date

Printed Name (_____) Phone number

Section IV (to be completed upon return of equipment by POST staff)

Equipment returned in acceptable condition: Yes No

Fuel tanks full for each vehicle used: Yes No

Remarks:

POST Representative Signature Date

Printed Name