
Date

I _____ am removing the following Passaic County
(name)

Technical Institute Equipment from our school:

_____	_____
Item	Model Number or Identification #
_____	_____
Item	Model Number or Identification #
_____	_____
Item	Model Number or Identification #

These items are being removed for the following reason:

They will be return on _____

I assume all liability for these items _____

Signature

Date

Return a copy of this form to the Supervisor of Student Activities.