



Equipment Request Form								
Section #1								
Name:				Phone:	Phone: Cell:			
Address:				Today's	Today's Date:			
Sectio	n #2			-				
Program Title:				Single	/Series:			
Length:				Appro	Approval			
Produc	er:							
Produc	tion Description:							
Sectio	n #3							
Qty.			QTC #	Qty.			QTC #	
	Canon XF-100 Camcorder				Lowell Light	Lowell Light Kit		
	Canon XF-200 Camcorder				Tripod & Plo	Tripod & Plate		
	Canon BP-930 Battery (1.5hr)		r)		Wireless Au	Wireless Audio Kit		
Canon BP-955 Battery (2hr)					Microphon	Microphone:		
	CF or SD Memory Cards				Microphon	Microphone:		
AC Outlet Strip					Audio Cab	Audio Cable:		
AC Extension Cord					Audio Cab	Audio Cable:		
Headphones					Gaffers Tap	Gaffers Tape		
	Misc.				Misc.	Misc.		
	Misc.				Misc.	Misc.		
Sectio	n #4							
				Staff Person	Initials Ou	ıt   Initials In		
Date Requested:			Pickup Time:					
Date To Be Returned:			Return Time:					
Equipment Problems?					,			
Sectio	on #5							
signed equipm	also agrees to re	eimburse the air market va	Quincy Telecom lue for the equip	municatior ment. Neg	ns Corporation f ligent handling	her possession. The or loss or damage of the equipmen	e of such	
Signature: Date:								