



Equipment Agreement Form

Date: _____ Name (Print): _____

Agency/Organization: _____

Address: _____

City, State, Zip: _____

Work Number: _____ Cell Number: _____

Email: _____ Job Title: _____

Years of Service: _____ Participated in CIT ECHO: (No) (Yes) Times: _____

Equipment Make/Model: _____

Quantity: _____ Price: _____

By signing this form I agree to:

- **Maintain equipment in clean working condition**
- **Attend a minimum of 6 CIT ECHO sessions a year**
- **Return equipment if unused within 6 months**
- **Return equipment if leaving listed agency/organization**
- **Be responsible for damaged or lost equipment**

My goal is to attend _____ CIT ECHO sessions a year.

Signature: _____