



Equipment Rental Form

Date of Check out _____ Time: _____ Date of Schedule Return _____

Name: _____

Telephone Number: (____) _____ E-mail: _____

Mailing Address: _____

City

Zip

Equipment to be rented: _____

Equipment Hours: OUT _____ IN _____

Equipment Fuel: OUT _____ IN _____

The renter assumes responsibility for all items rented. All reasonable care will be taken to assure the equipment to be secured from theft and/or damage. The above-described equipment will be returned clean, in good working order, and fuel at or above level out by the scheduled return date and if not returned by said date it will be necessary to complete an additional form to extend the checkout period. Additional fees may apply. In the event of damage, loss and/or theft the above requester will be financially responsible for replacement or repair of any items. **NO SMOKING in Equipment**

Customer Signature: _____ Date: _____

Approval Signature: _____ Date: _____

EQUIPMENT LOCATED AT: 3610 Canyon Ferry Rd. East Helena, Mt. 59635