

ASSISTIVE LISTENING DEVICES AGREEMENT/DIRECT LOAN

Please print the following information:

Name: _____

Address: _____

Telephone: _____ Driver's License: _____

I, _____ acknowledge that I have borrowed the Assistive Device _____ from the Atlantic County Library System on _____. I agree to return this device on or before _____. In the event that I do not return the device, or it is returned damaged, I realize that my borrowing privileges will be suspended and I will be fined \$_____ to replace the missing equipment.

Print your name here

Sign your name here

Approved by: _____

Date: _____

Return Date: _____

ACLS Program Contact: Donna Cameron
(609) 625-2776, ext. 6301 - Voice
E-mail: dcameron@aclsys.org

