

Parkmerced

Borrow-a-Tool

All borrowers must be leaseholders or legal residents of Parkmerced

Residents Name: _____

Residents Address: _____

Contact Phone #'s

Home: _____ Work: _____ Cell: _____

I agree to return the tool(s) listed below to Parkmerced Maintenance Office at 410 Garces Dr. on:

Day: _____ Date: _____

Tool(S) borrowed	Replacement cost
1) _____	\$ _____
2) _____	\$ _____
3) _____	\$ _____
4) _____	\$ _____
5) _____	\$ _____

Please understand if tool(s) are not returned by date listed or are returned broken Parkmerced Maintenance will charge your rental account for the replacement cost.

Thank you
Parkmerced Maintenance Department

RETURNED TOOL(S) RECEIVED BY: _____ DATE _____