

Due Date:

Office Use Only!

# LOAN AGREEMENT

Returned Date:

Office Use Only!

## NE Regional Assistive Technology Lending Library

223 West Park St., PO Box 320, Gillett, WI 54124-0320, 800-831-6391 x262, FAX 920/855-2299

[If you have any questions please contact Betty Kaliebe, bettyk@cesa8.k12.wi.us](mailto:bettyk@cesa8.k12.wi.us)

In borrowing from the NE Regional Assistive Technology Lending Library, **I AGREE TO:**

1. Assume responsibility for returning items **ON TIME** via UPS or First Class Mail.
    - Insure item(s) for amount listed on Checkout/Evaluation form (comes with Shipment).
  2. Return item so that it is IN the Lending Library by the due date listed IN RED on Ckout/Eval.
    - If item is not returned on time, the following policy will be implemented:
    - DAILY Overdue Fine of \$5 beginning day following due date for items \$100 and under.
    - DAILY Overdue Fine of \$10 beginning day following due date for items \$101 to \$1000.
    - DAILY Overdue Fine of \$20 beginning day following due date for items over \$1000.
- ✂ The borrower will be prohibited from borrowing any additional items from the Lending Library until item is returned. The entire District may be banned from borrowing if fine is not paid.**
3. Prevent loss or abuse of equipment/software/resources.
    - Return item(s) CLEAN and in working order.
    - Return equipment/software IMMEDIATELY if it ceases to operate. Please include brief description of problem.
    - Assume financial responsibility for repairing/replacing any item that is damaged as a result of neglect or carelessness, including packaging.
    - Reimburse the NE Regional Lending Library at the current market value if the item is lost or damaged beyond repair.
  4. **OBEY SOFTWARE COPYRIGHT LAWS.** **Absolutely no copying of disks is allowed. Borrower assures that borrowed programs have been removed from their computer hard disk upon returning software.**
  5. **ONLY 5 ITEMS ALLOWED IN BORROWER'S POSSESSION AT ONE TIME.** Additional items requested will be placed on the waiting list and sent upon availability.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (Printed): \_\_\_\_\_

School/B-3 Agency: \_\_\_\_\_ E-Mail : \_\_\_\_\_

Address: \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Phone:(\_\_\_\_) \_\_\_\_\_

Information about child using equipment/software: Age: \_\_\_\_\_ Disability: \_\_\_\_\_

**A CHECKOUT EVALUATION FORM WILL BE SENT ALONG WITH YOUR ITEM (S) TO BORROW INDICATING APPROXIMATE SHIP OUT DATE AND BORROWER RETURN DATE.**

ORDER INFORMATION		<u>OFFICE USE ONLY</u>			
Item #	Item Name	Approximate Loan Time	Insurance Ship Amount	Actual Ship Date	Due Date