

## Authorization for use of Privately-Owned Equipment

The following equipment and materials are necessary for me to conduct my NWESD 189 required activities from \_\_\_\_\_ until \_\_\_\_\_ :  
*(beginning date)* *(ending date)*

<u>Item</u>	<u>Estimated Value</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I have reviewed and concur with the NWESD 189 procedures relative to privately-owned property and hold the NWESD 189 harmless in the event I am not in compliance with the procedures related to privately-owned property.

\_\_\_\_\_  
Date Signature of Staff Member

Approved by: \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Supervisor