Submit

Video Checkout Request

Date :

Name _____ EIN (State Employees) _____

Agency _____

Work Phone _____ Email _____

Mailing Address _____

City _____

UT Zip/Postal Code _____

Additional Comments or instructions

Title Requested (select from drop-down list)

Items marked with an asterisk * have facilitator materials available. If interested in supplemental materials, indicate in the comments field above.

An email will be sent confirming availability of the selected title and the distribution date.

Distribution Method:

Pick-up ◉ Pickup at DHRM Administration, Room 2120, State Office Building (Directly north of the State Capitol Building). In-person pickup is available on Thursdays between 12 and 2 p.m.

State Mail ○

By signing/typing my name below, I hereby acknowledge responsibility for the equipment listed above and promise to return it within three weeks of the checkout date. I also agree that if I damage or fail to return the equipment listed my agency will be charged the replacement cost.

_____

Borrowed By

Please contact Gary Schow, gschow@utah.gov, (801) 537-9051 with any questions.

DHRM, 2120 State Office Bldg., PO Box 141531, Salt Lake City, Utah 84114-1531 Fax 801-538-3081