Date/Time Received \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Approved\_\_\_\_\_\_\_\_\_\_\_

Assigned Staff \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**REMOTE EQUIPMENT REQUEST Kodak Zi8**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CTN Certified Equipment Operator (if different) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Series Episode Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Episode # \_\_\_\_\_

 Check the box if this equipment request is the first one for this production

**Check-Out (pick up): Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Time \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Check-In (return): Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ITEMS REQUESTED**

 CAMERA #\_\_\_\_\_\_\_\_\_

 **Estimated Replacement**

 **(does not include tax or shipping)**

 Which Includes: **OUT IN COMMENTS**  **Cost\***

Camera / \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $500

Manual / \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Battery Adapter / \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $10

Cable for battery charger / \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $6 CHECK-OUT SIGNATURE

HDMI to mini / \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $8

AV cable / \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $7 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Silicone case / \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $8 date staff

Omni Mic / \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $90

10’ Female XLR to 1/8 / \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $16

 Monopod # / \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $50 CHECK-IN SIGNATURE

 Extra Bag / \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $50

 Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $30 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ date staff

 Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CLIENT AGREEMENT**

I agree to assume responsibility for all CTN equipment while in my possession. This includes any repair or replacement cost that may occur due to damage or loss of said equipment. I have read and understand all Community Television Network policies and agree to abide by them.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date