

2930 SW Wanamaker Dr
Topeka, KS 66614
800-416-2522
Fax 785-233-1342
ktsro@dcca.org

KTSRO Impaired Vision Goggles Check Out Form

Name: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Goggle set number: _____

Checkout Date: _____ Return Date: _____

1. The goggles must be returned to the Kansas Traffic Safety Resource Office.
2. Return the goggles by certified parcel service, i.e., Federal Express, UPS, etc. Insure the contents for the replacement value of \$900.00
3. The individual/organization named on this loan agreement is responsible for damage to and/or loss of the contents. While the contents are in your possession, it is recommended that they are insured for their replacement value of \$900.

I have read this loan agreement and understand the requirements outlined. If there are any changes in my/the organization's plans, I will notify the Kansas Traffic Safety Resource Office immediately.

Signature

Date

Please read and return the signed goggles loan agreement prior to your event date.

The Kansas Traffic Safety Resource Office is unable to ship goggles without a signed contract on file. Please contact our office at 800-416-2522 if you have any questions or if we can be of any assistance.

KTSRO Staff Checkout

Signature _____

KTSRO Staff Check in

Signature: _____