

STATE OF NEW YORK – DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION

EQUIPMENT LOAN REQUEST / AUTHORIZATION

Form 1604LOAN (4/15)
REPRODUCE LOCALLY AS NEEDED

EQUIPMENT REQUESTED:

I hereby request permission to take the following equipment from the facility. I acknowledge that I am responsible for the safe return of said equipment by the return date.

Purpose of Loan: _____

Return Date: _____ Requested By: _____
(Signature) (Date)

LOCATION CUSTODIAN

(Name) (Building) (Date)

† Approved † Disapproved _____
(Signature) (Date)

DEPUTY SUPERINTENDENT FOR ADMINISTRATIVE/PROGRAM SERVICES

† Approved † Disapproved _____
(Signature) (Date)

The approval of the Deputy Superintendent for Administrative Services/Program Services will serve as gate clearance.

RECORD OF RETURN OF LOAN ITEM(S)

Date Item Returned: _____ Condition: _____

Verified By: _____
(Signature) (Title) (Date)