Official Use Only

Producer's Last Name:_____

Date Process Initiated:_____

Date Process Finalized:_____

Lost or Damaged Equipment Contract

Producer's Name:_____
First Last

Producer's Project Title:_____

Item Lost or Damaged:_____
Item Product ID # Purchase Cost

_____
Item Product ID # Purchase Cost

_____
Item Product ID # Purchase Cost

Total Replacement Cost of Item(s) Including Shipping and Handling: $_____

Date Payment is Due Before Penalties are Assessed: ____/____/_____
MM DD YYYY

By signing this contract with the Fort Collins Public Access Network, I agree to pay the total replacement cost including shipping and handling by the due date indicated above.

_____ _____
Signature Date (MM/DD/YYYY)

_____
Print Name