



**B.4**  
**Court Services and Offender Supervision Agency**  
**Equipment Property Pass**

**Short Term**                       **Long Term**

Recipient's Name: \_\_\_\_\_ Team # \_\_\_\_\_  
 Office Address: \_\_\_\_\_ Phone# \_\_\_\_\_

Equipment Tag#	Make and Model	Serial Number

I authorize the loan/use of the equipment stated above to \_\_\_\_\_ for the  
 period designated by this property pass. (Recipient's Name)

Supervisor: \_\_\_\_\_  
 (Print) (Sign) (Date)

I \_\_\_\_\_ (Recipient's Name), understand I am responsible for this equipment during the period designated on this property pass. If damage occurs due to abuse or negligence while this equipment is in my care, my unit or I may be billed for the repair or replacement of the equipment. It is my responsibility to return this equipment to the Office of Information Technology, before I exit the Agency. If the equipment is not turned in, I will be required to reimburse the Court Services and Offender Supervision Agency for the cost.

Signature of Recipient: \_\_\_\_\_ Date: \_\_\_\_\_

IT Inventory Control Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date Property Assigned/Loaned: \_\_\_\_\_ Property Pass Expiration Date: \_\_\_\_\_

**IT Equipment Return Only**

Recipient's Signature and Date: \_\_\_\_\_

IT Inventory Control Signature and Date: \_\_\_\_\_

Equipment Damaged? (Basic inspection): \_\_Yes \_\_No Inspected by (Initials): \_\_\_\_\_

Comments (Required if equipment is damaged): \_\_\_\_\_