



Rhode Island Materials Access Center RIMAC Loan Request

Date of Request: _____

Person Requesting item: _____

School/ Agency: _____

Address: _____

City: _____ State: _____

Phone: _____ Email: _____

Item Name

Item Type (3d, book bag, science kit)

1. _____

2. _____

3. _____

I agree to return the above materials in good condition at the end of the loan period. If the material is not returned or is not in good condition, I understand that I will be responsible for the costs of repair/replacement.

Signature

Date

To be completed by RIMAC

Date of Loan: _____

RIMAC #: _____

Date Due: _____

Date of Return: _____

Condition of Loan:

___ Item in good condition & complete

___ Item needs replacement/repair _____

___ Missing parts _____

RIMAC

161 Comstock Parkway, Cranston, RI 02921

Phone/TTY (401) 463-0202 Fax: (401) 463-3433

Email: beckyj@techaccess-ri.org Web www.techaccess-ri.org/rimac