

Borrower Signature

LIBRARY TELESCOPE LENDING CONTRACT

| BORROWER INFO | DRMATION | | | | | | | |
|---|----------|--|--|--|--|--|--|--|
| Full Name | | | | | | | | |
| Patron Phone Number | | | | | | | | |
| Patron Account Number | | | | | | | | |
| Patron ID No. & Expiration | | | | | | | | |
| BORROWER'S AC | REEMENT | | | | | | | |
| fees related to the telescope checked out to me up to a total replacement cost of \$500.00 I understand that the loan period for this item is two weeks (14 days), with no renewals & that the Overdue Item Fine for this item is \$10.00 per day. I understand that an overdue status on this item of 30 days will result in charges for the full replacement cost of \$500.00 & that I am responsible for the payment of this fee. I understand that this item must be returned to the Logan Public Library directly into the care of a library staff member & may not be left unattended. I understand that I may not transfer possession of this item to anyone during the loan period. I understand that must supervise all children during their use of this item. I understand that the item must be transported in a vehicle & secured safely so it will not be damaged. I understand I am responsible for reading the user manual & all provided information related to the proper use & care of this item. I understand I have a responsibility to treat this item with care & respect. I will not expose the telescope to extreme temperatures, water, or other damaging elements & I will only use the telescope for its intended purpose. I acknowledge the above listed statements & accept full responsibility for the telescope & accessories during the loan period. The Logan Public Library, its staff, & its board members are not liable for any damages that may occur through the use of this item. I WILL NOT LOOK AT THE SUN. | | | | | | | | |

Date



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LOGAN PUBLIC LIBRARY STAFF USE - PLEASE INITIAL

| Check Out Date: | | | | Staff Notes: | | |
|---|--|---------------|------------------------|---------------------|--|--|
| CONFIRMED PATRON ADDRESS, & PHONE NULL & TOOK A PHOTOCOPY OF CURRENT ID | | | | | | |
| PROVIDED A COPY OF THE LIBRARY TELICIRCULATION POLICY | | LESCOPE | | | | |
| EXPLAINED PROPER USE & CARE OF THE ANSWERED PATRON QUESTIONS | | HE ITEM & | | | | |
| | ED ALL ITEMS CONTAINED IN ELESCOPE KIT ARE PRESENT N | | | | | |
| CONFIRMED SUCCESSFUL CHECK OUT OF FOLLETT | | OF ITEM IN | | | | |
| | Check In Date: | | | | | |
| CONFIRMED THE RETURN OF ALL ITEMS CONTAINED IN THE LIBRARY TELESCOPE KIT ARE PRESENT & IN GOOD CONDITION | | | | | | |
| CONFIRMED THE TELESCOPE IS IN GOOD WORKING ORDER | | | | | | |
| IF ALL ITEMS ARE PRESENT & IN GOOD CONDITION TAKE POSESSION OF THE LIBRARY TELESCOPE KIT & CONFIRMED THE SUCCESSFUL CHECK IN OF THE ITEM IN FOLLETT | | | | | | |
| IF ITEMS ARE DAMAGED OR MISSING I HAVE NOTED THESE FOR REVIEW & FEE ASSESSMENT BY THE DIRECTOR OR YS LIBRARIAN. I TOOK POSSESSION OF THE LIBRARY TELESCOPE KIT BUT DID NOT COMPLETE THE CHECK IN PROCESS IN FOLLETT | | | | | | |
| Library Telescope Program Loan Status | | | | | | |
| _ | Fees Assessed, <i>If Applicable</i> | Loan Complete | | | | |
| | | | | | | |
| | Fees Paid, <i>If Applicable</i> | | Staff Signature & Date | | | |