Western Canadian Spill Services Ltd.

WCSS EQUIPMENT RELEASE FORM

DATE: _____

COOP CUSTODIAN: _____ CUSTODIAN SIGNATURE: _____

COOP AREA (please circle): **1 2 3 4 5 6 7 8 9**

EQUIPMENT DESTINATION: _____

TRANSPORTATION COMPANY: _____ TELEPHONE: _____ CELL: _____

LESSEE (USER) NAME/COMPANY: _____ TELEPHONE: _____ CELL: _____

TYPE OF USAGE (please circle): **SPILL** **EXERCISE** **OTHER**: _____

Equipment Description	Equipment Location	Date Out (Year/Month/Day)

TRANSPORTER NAME: _____ TRANSPORTER SIGNATURE: _____

TAKE A PHOTO OF THE COMPLETED FORM AND SEND TO OPERATIONS@WCSS.AB.CA