



WCSS EQUIPMENT RELEASE FORM – SCHEDULE “C”

DATE: _____
 COOP CUSTODIAN: _____ CUSTODIAN SIGNATURE: _____
 COOP AREA: _____

EQUIPMENT DESTINATION: _____

TRANSPORTATION COMPANY: _____ TELEPHONE: _____ CELL: _____

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

TYPE OF USAGE: SPILL EXERCISE OTHER _____

| Equipment Description | Equipment Location | Date Out (Year/Month/Day) |
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TRANSPORTER NAME: _____ TRANSPORTER SIGNATURE: _____

TAKE A PHOTO OF THE COMPLETED FORM AND SEND TO darren.stang@wcss.ab.ca & doug.gibson@wcss.ab.ca