



LENDING LOCKER LOAN AGREEMENT

MCAS Beaufort 228-7351
MCRD Parris Island 228-2371
Laurel Bay Family Services Center
228-7752

SPONSOR LAST, FIRST, MI /RANK		WORK UNIT	
SPOUSE NAME		WORK PHONE	
ADDRESS		ALTERNATE PHONE	
EMAIL	CIRCLE ONE INBOUND/OUTBOUND/ PERM PERSON/CIVILIAN	DATE ISSUED	RETURN DUE DATE
QUANTITY	DESCRIPTION	DATE RETURNED & EMPLOYEE INITIAL	

I do release and indemnify MCCS South Carolina, MCCS SC, from and against any and all claims or causes of action resulting or arising out of use and/or handling of the above loan/rental equipment. I further agree to reimburse MCCS SC for any loss or damage that may occur to the items listed above. Failure to return items by due date results in reimbursement of replacement value of missing item(s). I further understand the MCCS SC reserves the right to send a Letter of Recoupment to my command if I do not return items and do not respond to communication from MCCS SC.

PATRON
SIGNATURE _____
DATE _____

MCCS SC STAFF MEMBER
SIGNATURE _____
DATE _____