LOAN AGREEMENT BETWEEN BALTIMORE COUNTY DEPARTMENT OF AGING OMBUDSMAN PROGRAM AND LONG TERM CARE FACILITY/CONSUMER

611 Central Avenue, Room 224
Towson, MD 21204
Phone No: 410-887-4200 Fax No: 410-887-8795

I _____
(Name - Please Print)

of _____
(Name of Facility - Please Print)

wish to borrow _____
(Number & Title of Video/DVD/Print Material - Please Print)

for a period of one (1) week. I will pick up the video, DVD or material on _____ (Date) and return it on or _____ (Date)

To secure the return of the videotape/material, I am leaving a business/personal check for $35.00 (Check is made payable to BCDA). The check number is _____.

Signature _____

Title/Position/Phone Number _____

Facility Name & Address _____

Pickup Date _____ Return Date _____Deposit check returned on _____

Signature of person receiving the returned original check _____

I have read and understand the rules pertaining to the Baltimore County Department of Aging -- Ombudsman Program Lending Library policies and procedures.

_____
Name Title/Position

_____
Facility Name Facility Address (Zip)

_____
Date Business Phone Number

_____
Email address Fax Number