



EFP ACCESS EQUIPMENT USE AGREEMENT

Name: _____

Address: _____

City: _____ Zip: _____

Phone #: _____ Cell #: _____

E-mail: _____

Applicant has inspected the equipment listed below and agrees to return equipment in workable condition to the access department.

Equipment Description

Accessories

Applicant agrees to return equipment by: (Date) _____ (Time) _____

Applicant assumes full responsibility for the proper care of Charter Communications access equipment which may only be used for the production of access programming. Damage to equipment may result in loss of access use privileges. Applicant assumes financial responsibility for the repair or replacement of equipment damaged while in the care and custody of Applicant in accordance with Charter Communications Access Rules and Contract.

Applicant's Signature: _____ Date: _____

Date Equipment returned on: _____

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For Internal Use Only

2020

Approved by: _____

Date processed: _____