



LASSEN COUNTY

Health and Social Services Department

EQUIPMENT LOAN AGREEMENT

- HSS Administration**
1445 Paul Bunyan Road
Susanville, CA 96130
(530) 251-8128
- Grant and Loans Division**
1445 Paul Bunyan Road
Susanville, CA 96130
(530) 251-2683
- Behavioral Health**
555 Hospital Lane
Susanville, CA 96130
(530) 251-8108/8112

Chestnut Annex
1400-A & B Chestnut Street
Susanville, CA 96130
(530) 251-8112
- Patients' Rights Advocate**
720 Richmond Road
Susanville, CA 96130
(530) 251-8322
- Public Health**
1445 Paul Bunyan Road
Susanville, CA 96130
(530) 251-8183
- Environmental Health**
1445 Paul Bunyan Road
Susanville, CA 96130
(530) 251-8183
- Community Social Services**
PO Box 1359
Susanville, CA 96130

**LassenWORKS
Business & Career Network**
1616 Chestnut Street
Susanville, CA 96130
(530) 251-8152

Child & Family Services
1445 Paul Bunyan Road
Susanville, CA 96130
(530) 251-8277

**Adult Services
Public Guardian**
720 Richmond Road
Susanville, CA 96130
(530) 251-8158
- HSS Fiscal**
PO Box 1180
Susanville, CA 96130
(530)251-2614

Name _____

Agency _____

Address _____ Phone _____

Email _____

I (either as an individual or as a representative of my organization) agree to return the indicated equipment. I understand that I am responsible for the equipment (to include any loss, damage, or theft), pick up, proper operation, cleaning and return of the equipment. I further understand that this agreement pertains only to the equipment and its instructions and I must obtain other necessary supplies from another source

I will pick up the equipment on _____

I will return the equipment on _____

Qty - Equipment loaned.(breif description if needed)

Signature _____ Date _____

Signature _____ Date _____