



EASTERN KERN AIR POLLUTION CONTROL DISTRICT
2700 "M" STREET SUITE 302, BAKERSFIELD, CA 93301-2370
PHONE: (661) 862-5250 • FAX: (661) 862-5251 • www.kernair.org

FILE CHECK OUT FORM

I, _____,
(Print Name)

Employed by _____

Took possession of the following EKAPCD file:

On _____, 20 ____ at _____ am/pm for purposes of copying said file.

I hereby agree to return this file, intact, in the same order, and undamaged no later than _____ am/pm on _____, 20 ____.

Failure to fulfill this agreement will result in _____
being liable for EKAPCD's cost of replacing (or making whole again) said file and may result in not being able to borrow files in the future.

Signed: _____

Date: _____

Time: _____ am/pm