Application to Use the Enviroscape® Model

Name:	
Address:	
Email Address:	
Phone Number (work) (Hom	ne/cell)
School/Organization:	
Purpose for Use:	
Date Borrowed: Date to b	pe Returned:
Unit:	
Non-Point Source Pollution Wetland _	
I, agree to use (Name of Borrower) purposes as stated on this application form. I agree to	
Enviroscape® model and parts in the demonstration l	_
condition. I further agree to report to Sauk County L	and Resources and Environment
Department (Justine Bula at 608-355-4842 or justine.h	oula@saukcountywi.gov) if any of the
small parts contained in the kit are accidently lost or o	damaged during its use.
Signature of Borrower Date	te
Checked out by:Name of staff member	