Application to Use the Enviroscape® Model

Name:			
Address:			
Email Address:			
Phone Number (work)	(Home/cell)		
School/Organization:			
Purpose for Use:			
Date Borrowed:	Date to be Returned:		
Unit:			
Non-Point Source Pollution	Wetland		
(Name of Borrower)	agree to use this Enviroscape® Model for the n. I agree to be responsible for seeing that the		
Enviroscape® model and parts in the demonstration kit are cleaned and returned in good condition. I further agree to report to the Sauk County Land Resources and Environment Department (608-355-3245 or conservation@saukcountywi.gov) if any of the small parts			
		contained in the kit are accidentally lost o	or damaged during its use.
Signature of Borrower	Date		
Checked out by: Name of the staff men	 mber		