

Exhibit I
Surplus Equipment Form

Organization Name: _____

Organization Address:

Organization Website: _____

(Attach proof of status as a nonprofit corporation under Section 501(c)(3) of the Internal Revenue Code.)

Organization Purpose: _____

Point of Contact

Name: _____

Address: _____

Email: _____

Phone: _____

City Surplus Equipment of Interest: _____

How will the requested Surplus Equipment benefit your organization?

How do you plan to transport the surplus property from the City to your location?

DISCLAIMER OF WARRANTIES. The City makes no agreement, warranty or representation, either express or implied, as to the value, design, condition, merchantability or fitness for any particular purpose or use of the Surplus Equipment by the recipient or any other user.

The recipient acknowledges the Surplus Equipment may be defective and that it cannot be relied upon for safety purposes. The recipient has a duty to inspect the Surplus Equipment before it is used for any purpose.

The recipient acknowledges that the City is not a manufacturer of the Surplus Equipment or a dealer therein; that the Surplus Equipment is being provided “as-is” and “with all faults,” it being agreed and understood that all of the aforementioned risks are to be borne by the recipient or user of the Surplus Equipment.

In no event shall the City be liable for any damages in connection with or arising out of the recipient’s or any other person’s or entity’s use of the Surplus Equipment.

I acknowledge that the Donation of any Surplus Equipment to my organization is subject to the City’s Policy for Donation of Surplus Equipment to a Nonprofit Organization.

I have authority to request a Donation from the City and to bind my organization to the terms of this form.

Signature of Applicant _____

Date _____