

## SACRAMENTO METROPOLITAN CABLE TELEVISION COMMISSION

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A Joint Powers Agency Representing Sacramento County and the Cities of Citrus Heights, Elk Grove, Folsom, Galt, Rancho Cordova and Sacramento

SURPLUS EQUIPMENT REQUEST FORM								
Organization/Name:								
EIN Number (If any):								
Address:								
Contact:			Phone:		E-1	mail:		
LIST IN OF	RDER OF PRIC	ORITY THE EQUIPMENT YO	U WOULD LIK	E TO REQUEST (A LI	IMIT TO QUAN	ITITY OF I	TEMS REQUEST	ΓΕD MAY APPLY):
HOW WILL REQUESTED SURPLUS EQUIPMENT BENEFIT YOUR ORGANIZATION:								
merchantab thereof. Th aforementic	oility or fitness ne recipient ac oned risks are t	TIES. The SMCTC makes no ag for any particular purpose or fi knowledges that the property o be borne by the recipient or us or consequential damages, in co	tness for the us is being prove ser of the prope	se contemplated by the ided "as-is" and "with rty. In no event shall th	e recipient or us h all faults," i he SMCTC be lia	ser, of the it being a able for an	e subject surplus igreed and und iy damages, incli	s property or any portion lerstood that all of the uding, without limitation,
COMMEN	TS:							
Signature				Date				
NOTE: Su	bmit comple	ted form to Metro Cable 14	Production D	irector at MetroCab	ole@saccoun	ity.gov.		