

Waukesha County
Department of Parks and
Land Use



HEPA VACUUM LOAN PROGRAM (THIS VACUUM IS NOT FOR WET VACUUMING.)

HEPA VACUUM MANUFACTURER—NILFISK ADVANCE
MODEL: EUROCLEAN UZ/964

NAME OF PERSON BORROWING UNIT: _____

ADDRESS: _____

CITY: _____ ZIP CODE: _____

TELEPHONE NUMBER: _____ DRIVER'S LICENSE #: _____

NAME OF LEAD EXPOSED CHILD: _____

ADDRESS OF PROPERTY CLEANED: _____

DATE VACUUM BORROWED: _____ SCHEDULED RETURN DATE: _____

CHARGE PER DAY: \$5.00

REFUNDABLE DEPOSIT: \$25.00

TOTAL PAID: _____

I HEREBY AGREE TO RETURN THE VACUUM CLEANER IN THE CONDITION THAT IT WAS ISSUED TO ME, WHICH INCLUDES GENERAL CLEANLINESS, REMOVAL OF THE USED VACUUM BAG AND REPLACEMENT WITH A CLEAN BAG, AND ACCOUNTABILITY FOR ALL PARTS. I AGREE TO REPORT ANY DAMAGED, LOST, OR STOLEN PARTS AND TO PAY FOR THE REPLACEMENT OF SUCH PARTS. I AGREE THAT THE HEPA VACUUM WILL NOT BE USED FOR MONETARY GAIN.

SIGNATURE: _____ DATE: _____

IF YOU HAVE ANY PROBLEMS WITH THE VACUUM OPERATION, PLEASE CALL THE DEPARTMENT AT 262-896-8300.

DATE VACUUMED RETURNED: _____

SIGNED IN BY: _____