

Department of Health

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ANIMAL TRAP SIGN OUT FORM Please Print

Name of borrower (agency or individual) _____ Telephone _____

Address _____

_____ Health Department employee _____ Other City department

_____ Agency/Individual outside of City _____ Resident

Proposed Use _____

Loan period FROM _____ TO _____
Date Time Date Time

*Maximum loan time is one week from date borrowed. If extension is required, please contact the Health Department.

Visible defects of trap (if any) at time of loan _____

DISCLAIMER - PLEASE READ BEFORE SIGNING

The borrower understands he/she is responsible for the borrowed trap. The Health Department is not responsible for misuse, injuries or damage resulting from its use. The borrower understands that wild animals are unpredictable.

By signing below, the borrower understands the above and agrees to full liability for the use of the borrowed trap.

\$40.00 DEPOSIT RETURNABLE UPON RETURN OF TRAP

Equipment Out _____
Date Time Signature of Borrower

Equipment In _____
Date Time Signature of Borrower

Returned trap was inspected by _____ and found to be in
_____ condition. (dlg: \envir\animal-trap)