

RESERVATION REQUEST FORM



Please send completed forms to Erin Fisher, Communications & Outreach Coordinator, efisher@co.delaware.oh.us. We will do our best to fulfill all requests; however two week's notice is helpful to give us time to prepare your loan. We cannot guarantee that requests will be fulfilled without two week's notice.

CONTACT INFORMATION

Full Name _____

Title _____

Phone Number _____

Email _____

SCHOOL INFORMATION

Name of School or Organization _____

School Address _____

Student Grade Level/Age _____

Number of Students Served _____

RESERVATION INFORMATION

Resource Kit(s) Requested _____

Anticipated Borrow Date & Time _____

Anticipated Return Date & Time _____

Comments or Questions _____

Local (Delaware County) organizations and schools have the option for kit(s) to be dropped to be off during Delaware SWCD business hours. Please indicate your preference.

Office Pick-up

Delaware SWCD Drop-off