



30 Day Checkout Form

Return address (regular mail)

Utah Department of Health
Tobacco Prevention & Control Program
PO Box 142106
Salt Lake City, UT 84114-2106

Return address (UPS & FedEx only)

Utah Department of Health
Tobacco Prevention & Control Program
288 North 1460 West
Salt Lake City, UT 84116

Phone #: 801-538-6141
Toll Free #: 1-877-220-3466
Fax #: 801-538-9303
Email: TheTRUTH@utah.gov

Our organization would like to check out the following resource(s) for 30 days:

<u>Resource Name</u>	<u>Approximate Value</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Checkout Guidelines:

- 1) Checkout form must be filled out legibly, in its entirety dated, and signed by responsible parties.
- 2) Checkout order is not to exceed 5 resources at one time.
- 3) If resources are lost, not returned, or returned damaged from abuse or improper shipping, the organization may be billed the total cost to replace them. Payment must be received within 30 days of receipt of the invoice.

We understand that the resources listed above are to be returned in 30 days or less via a trackable and insured shipping method.

Authorizing Signature: _____

Principal/Administrator Signature: _____

Contact Phone #: _____

Contact Email Address: _____

Ship to: (no P.O. Boxes)

Is this address a residential or business address? (Check one)

- Residential
 Business