

COAST VIEW RESTORATION

EQUIPMENT RESPONSIBILITY FORM

Customer Name: _____ Property Address: _____

Date: _____

I recognize that I am taking responsibility for the following pieces of equipment which has been placed inside the premises to improve the drying of carpets and/or structure, and which is in my custody:

Air Movers #'s									

Axial Fans #'s									

Dehumidifiers #'s									

Additional Equipment			
Description	#	Description	#
Description	#	Description	#

I understand that the equipment must remain plugged in and running 24 hrs. a day. I understand that it has been placed in strategic locations to maximize the speed and effectiveness of the drying process. I understand that if I turn off the equipment it will extend the time it takes to dry the premises. I have been advised not to move the equipment but in event that it must be moved, I will unplug it before doing so. I understand that all windows and doors must be closed to allow for quicker drying. In event of a dehumidifier coil freeze-up, keep machine unplugged until coils are defrosted. I will check the catch basin of the dehumidifier every 24hrs and dump as required. Ideal drying temperatures of the surrounding areas is 65-70 degrees. Carpet tack poses a hazard even when covered and floors may be slippery: (____) initials. I will notify Revive Restoration if equipment is moved or if directions weren't followed. I also understand that I am responsible for said equipment, any possible damage to the equipment from customer handling, vandalism or any missing equipment. I will be financially obligated to replace any missing Equipment.

I HAVE READ AND UNDERSTOOD THE TERMS ABOVE AND AGREE TO THEM

Customer or Occupant

Signature _____

Signature _____

☐

Customer

☐

Authorized Agent