

EQUIPMENT STORAGE APPLICATION AT ZAGRAY FARM MUSEUM

Description of equipment: (Running/operating condition, Year, Make, Model, Serial No.)

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What location, if any, is requested for storage? \_\_\_\_\_

QVEA reserves the right to move/relocate the equipment if it is deemed necessary.

QVEA accepts no responsibility for the care or protection of this equipment being stored at Zagray Farm Museum.

Owner: \_\_\_\_\_ Date of Request: \_\_\_\_\_  
(Print Name)

Contact Information: \_\_\_\_\_

Owner's Signature: \_\_\_\_\_



Board of Directors comments: \_\_\_\_\_

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This equipment falls under Rule #16 section: **B C D**

If section D, the agreed upon yearly donation amount is: \_\_\_\_\_

President's Signature: \_\_\_\_\_ Date: \_\_\_\_\_