



# VIDEO CHECK-OUT FORM



**TO: AMIC/MWCF**  
**ATTN: Sonya McCarley**  
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**PLEASE PRINT CLEARLY OR TYPE**  
**PLEASE RETURN VIDEOS PROMPTLY**

**FROM:**

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

City/Agency: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

E-mail address: \_\_\_\_\_

Please send me the following video(s) for showing to our employees. I understand that the loan period is for two weeks and that I am responsible for the safe return of the films to the address noted above. Failure to return videos within 14 days of receipt will result in a \$350.00 replacement fee being assessed. Some videos have a waiting list and are sent on a first-come first-served basis. Please be patient.

PLEASE USE THIS FORM TO ORDER VIDEOS (FAX OR MAIL). NO PHONE ORDERS PLEASE. Please include this form when returning videos (for identification),

Name of Video(s): \_\_\_\_\_ Video# \_\_\_\_\_

\_\_\_\_\_ Video# \_\_\_\_\_

\_\_\_\_\_ Video # \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

\*\* For an up-to-date list of our safety video library go to our website: [www.losscontrol.org](http://www.losscontrol.org) and look for Safety Videos.\*\*