



**Louisiana Rural
Ambulance Alliance**

5010 Hwy 1
Napoleonville, LA 70390
985-513-3593

SHORT TERM LEASE APPLICATION

Contact Name: _____
Contact Title: _____
Company/Provider: _____
Company Address: _____
Work Phone: _____ Fax: _____
Mobile Phone: _____ E-Mail: _____

Name/Title of Company Representative Signing Lease:

Alliance Item(s) Requested:

*Event or Proposed Use of Item(s):

Event or Proposed Use Address:

Brief Description of Event or Proposed Use:

Event or Proposed Use Dates: Begin: _____ End: _____
**Item Pick Up & Return Dates: Begin: _____ End: _____

*Alliance Asset Item Availability is determined based on need for that asset (i.e.: Emergency use is given a higher priority than day to day or special event use). If the need for that asset is equal, then the assets are allocated on a first come, first serve basis.

**Lessor is responsible for the safe transport and return as scheduled above of leased item(s).

Please complete and return this form to Brooke Campo
Fax: 985-369-3177 E-Mail: brooke@newchurchassoc.com
Short Term Lease Form can be found at: www.louisianaambulancealliance.org