



Louisiana Rural Ambulance Alliance

3695 Bank Dr. • St. Gabriel, LA 70776 • 985-513-3593

ASSET LEASE REQUEST FORM

Contact Name: _____

Contact Title: _____

Company/Provider: _____

Company Address: _____

Work Phone: _____ Mobile Phone: _____

Email: _____

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: Pick Up: _____ Return: _____

*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 served basis.

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

Please complete & return this form to Demerrius Slocum, LRAA Asset Manager by email: assetmanager@louisianaambulancealliance.org.

If you have any questions please contact Demerrius Slocum at (985) 513-3593.