



**The Baltimore County
Fire Department**

**The Baltimore County
Volunteer Fireman's
Association**

**Contract of Use
Pager and Charger/Amplifier**



I, the undersigned, being a member (hereinafter referred to as "Member",) in good standing of the Baltimore County Volunteer Fire, Rescue or Emergency Medical Services Company stated below, being actively engaged in fire fighting, rescue or emergency service operations, do hereby accept for use, for the purposes of the Baltimore County Fire Service, the pager and charger/amplifier (hereinafter referred to as "Units," whose make, model and serial numbers are listed below.

I hereby agree that I will not alter or modify these units in any way, including their outward appearance. I do further agree that I will exercise all due care to prevent the loss, theft, misuse of or damage that may occur through my negligence.

I understand that these units remain the property of Baltimore County, Maryland, that Baltimore County, Maryland will be responsible for the maintenance of these units and I agree that I will not encumber them with a lien of any kind.

I hereby agree to immediately surrender the units upon demand of the Fire Chief of Baltimore County or that officer's agent; or the President of the Baltimore County Volunteer Fireman's Association, or that agents officer; or either the Senior Fire Officer or President of the below named Volunteer Company. I hereby agree that, should I fail to surrender the units the demand of the aforementioned officers, I will assume responsibility to pay all attorney's and other legal fees incurred by Baltimore County, Maryland, in the legal recovery of the unit.

I hereby agree that I will notify the Company listed below of any and all changes of address, whether permanent or temporary, and will execute a new "Contract of Use."

Manufacturer:		Model:		Serial Number:		Inventory Number:	
Printed Name of Recipient:				Signature of Recipient:			
Address of Recipient:						Home Phone:	
City		State		Zip		Work Phone	
Company Number:		Company Name:					
Printed Name of Issuing Officer:				Signature of Issuing Officer:			
Title of Issuing Officer:				Date Issued:			