

Equipment Pick Up Request Form

If you are a client who is wishing to return your loaned equipment from Easter Seals Alberta, please complete all fields below and submit this form along with photos of the equipment to accessibilitysupports@easterseals.ab.ca.

Date: _____

Client Information

Last Name: _____ First Name: _____

Address for Pick Up: _____ City: _____

Postal Code: _____ Phone Number: _____

Email: _____

Equipment Information

Date Received from Easter Seals Alberta: _____ Pictures Attached? Y N

Type: _____ Make: _____ Model: _____

Serial Number (if applicable): _____

Reason for Return:

OFFICE USE ONLY

Supplier for Original Delivery: _____ Supplier for Pick Up: _____

PO Number: _____ Date of Pick Up: _____

Case Coordinator Name: _____