Toshiba End of Term Lease Removal Request Form

KCDA Contract #23-213

(Please Fax This Form 30 Days Prior to Lease Term Expiration to Toshiba: 949-462-6234)

**Date of Request:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Customer Name:**

**End of Term Options**

[ ]  Return Equipment

Contact Information

**Name**  \_\_\_\_\_ **Title** \_

**Email**  \_\_\_\_\_ **Phone Number**  \_\_\_\_\_\_\_\_\_\_\_\_\_

**Fax Number**  \_\_\_\_\_ **Authorized Signature**  \_\_\_\_\_\_\_\_\_\_\_\_\_

**Equipment Location Address:** \_\_\_\_\_\_ \_\_\_\_\_\_\_

Building Name, Room/Suite Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State & Zip Code

**Instructions:**

**Equipment Information**

**Copier Model & Serial Number Accessories**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_

**Meter Read Date Form Faxed**

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# Return Date Requested

**Date:**

##### Toshiba Acknowledgement

# Date: Funding Notified \_\_ Shipping Instructions Sent \_\_\_

Shipping Instructions Rec’d \_\_\_\_\_\_\_\_

Lease No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_