



Gu Achi District OF THE Tohono O'odham Nation



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Borrowed Materials

Name: _____ Submission Date: _____
 Tribal Enrollment # _____
 Telephone Number: _____
 Organization/Family: _____
 Purpose of Use: _____

DESCRIPTION	AMOUNT REQUESTING	
Tables		
Chairs		
Port-A-Jon	Handicap	Regular

*Note: Port- A- Jon 's are for 1st year death anniversaries only
 Wakes and funerals are priority. If there is a wake/funeral scheduled, this
 request may be cancelled.*

If other, please specify: _____

Port-A-Jon (s) Date Needed: _____

Tables/Chairs: Pick up Date: _____

Return Date: _____

I understand that the borrowed material is available for the benefit of all Gu Achi members, therefore due to high cost for replacement or repair, I am held liable for any damages or cost incurred during the time of use for the items listed.

Signature of Borrower: _____ Date: _____

Office Use

Approved

Request Denied

If denied, reason: _____

Signature (Administration Dept.)

Date

Inspection

Date of Pick Up: _____ / _____ / _____

Condition of Item: Poor Fair Excellent

Verified By: _____

Comments: _____

Date of Return: _____ / _____ / _____

Condition of Item: Poor Fair Excellent

Verified By: _____

Comments: _____
