

**BROWN COUNTY  
CHECK OUT SPRAYER FOR DISINFECTANT**

Sprayer #: \_\_\_\_\_ ☐ handheld ☐ backpack  
Name of person checked out to: \_\_\_\_\_  
Contact Phone Number: \_\_\_\_\_  
Name of location to be sprayed: \_\_\_\_\_  
Address of location to be sprayed: \_\_\_\_\_  
Floor area to be sprayed: (will be adjusted for wall area) \_\_\_\_\_ sq. ft.  
Date requested: \_\_\_\_\_  
Time you will pick up (between 8am-4pm): \_\_\_\_\_

***Sprayer is to be returned within 24 hours of check out.***

**Deposit amount:     \$ 20.00**

**PROVIDED WITH:**

\_\_\_\_ Instruction sheet    \_\_\_\_ Mask    \_\_\_\_ Gloves    \_\_\_\_ Face shield (to be returned)    \_\_\_\_ You tube video

<https://youtu.be/RmnzVo9JG0o>

# of gallons of mixed solution provided (**4oz to gal**) (gal covers 5500 sq ft.): \_\_\_\_\_ gallons mixed solution

Sprayer must be returned rinsed out and run with clean water for one minute.

Sprayer and solution bottle returned on: \_\_\_\_\_

Please complete this form and return to [custodian@brcoks.org](mailto:custodian@brcoks.org) or bring it with you when you come to the courthouse.