

**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

[You Tube Video](#)

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 call David Schuetz, Brown County Custodian at 402-245-0345 or bring it with you when you come to the courthouse.