

Albany County Department of Health - Division of Public Health Planning

175 Green Street, Albany, NY 12202; Phone: 518-447-4670 Fax: 518-447-5908

Email: GetHealthyStayHealthy@albanycountyny.gov

PURPOSE:

To support communities on Complete Streets transportation-related projects, Albany County Department of Health maintains a lending library where Albany County municipalities and agencies can check out equipment and supplies for use in demonstration and/or pop-up events.

Available equipment and supplies include:

- Measuring wheel (1)
- Enamel posts (8)
- Stop signs (4)
- Pedestrian Crossing signs (4)
- Paint stripping machine (1)
- Delineators (50)
- Speedster radar gun (1)
- Safety vests class 2 high visibility (10)
- Arrow yard sign (20)
- Traffic safety cones (120)
- Zip ties (500)
- Utility knife, retractable (2)
- Outdoor push broom (4)
- Measuring tape, 25' (2)
- Artificial ficus tree (6') in basket (6)
- Bistro table and chair set (4)
- Artificial boxwoods (6)
- A-Frame chalkboard (40" x 20") (4)
- Artificial grass, 5' x 7.5' (10)

Please fill out the form below to request equipment via fax (518) 447-5908 or email GetHealthy@albanycountyny.gov. An ACDOH team member will respond as soon as possible.



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Complete Streets Lending Library Request Form:

INSTRUCTIONS

To request the use of Albany County Department of Health Complete Streets Lending Library equipment and supplies, please complete this form and return it to the contact listed below.

supplies, please complete this form and return it to the contact listed below.							
ONTACT INFORMATION:							
Borrowing Agency:							
Representative Name:							
Representative Title:							
Phone Number:							
Email Address:							
CHECKOUT DETAILS:							
Equipment Supplies Requested:							
Dates Borrowed:							
Start End							
Purpose of Borrowing Equipment							



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CONDIT	TIONS:						
	I will provide Albany County Department of Health with photographs and approximate coordinates of the specific locations of materials borrowed.						
	I will return Complete Streets Lending Library materials by the "End" date specified above.						
	I understand that my organization may be required to replace any lost, stolen, or damaged equipment of supplies thereof.						
Signatu	Date:						

Questions? Please contact Tricia Bulatao at (518)447-4670 or at tricia.bulatao@albanycountyny.gov.



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Signature

Albany County Department of Health

Complete Streets Lending Library Materiel Transfer

ITEM		DATE TRANSFERRED	LOCATION	SERIAL NUMBER	CONDITION
-	Signature		Date Equipment Obtained		
-	Signature		Date Equipme	nt Obtained	

Date Equipment Returned