

 **Vacuum Loan Request**

Contact Person Name:

Contact Person Title:

Contact Person email and/or phone number

Name of Institution:

Institution Address:

Loan Period Requested:

*Please note that upon completion of the loan period the vacuum must be returned to the PALMCOP Secretary or your District Representative in person.*

Signature

Printed name

Date

Please return this form to your PALMCOP District Representative via, email, mail or fax.

Contact information can be found at: [preservationsc.org](http://www.preservationsc.org/)