

**Colorado Department of Public Health and Environment  
Health Facilities Lending Library**

**Media Request Form**



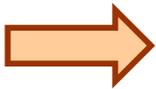
**Request Date:** \_\_\_\_\_

**Facility Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Name:** \_\_\_\_\_



**Signature:** \_\_\_\_\_

Your signature indicates that you are acting on behalf of your facility and are accepting responsibility for the safe return of the borrowed video(s). Expenses of replacement due to damage, theft and/or loss of the above-referenced videos will be the responsibility of the borrower and/or their respective facility.

**Be considerate of others and limit the lending time to 30 (thirty) days.**

Video Title	HDF USE Bar Code	HFD USE Return Date

**Return To:**

**Fax: (303) 753-6214**

**or**

**Mail: HFEMSD**

**4300 Cherry Creek Drive South A-2  
Denver, CO 80246-1530**

**E-mail: [HFDNET@cdphe.state.co.us](mailto:HFDNET@cdphe.state.co.us)**