



**State of Delaware Contract GSS1309B-Copier\_Pri**

**End of Lease Equipment Return Form Hilyard's Business Solutions**

Please Fax/Email This Form 30 Days Prior to Lease Term Expiration to Michael Hilyard 302-995-2277 or email to mhilyard@hilyards.com. If you have any questions or concerns please contact Michael Hilyard by email or by phone 302-995-2201.

Please note, it is possible that the equipment on this contract may be picked up before the agreement has terminated. The State of Delaware remains responsible for any pending payments to the term of the contract regardless of the location of the equipment. No additional payments or charges beyond the contract term will be incurred provided that all invoices are paid on time and in full.

**Date of Request:** \_\_\_\_\_ **Requestor Name:** \_\_\_\_\_

**Contact Information**

**Name** \_\_\_\_\_ **Title** \_\_\_\_\_

**Email** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

**Fax Number (\_\_\_\_\_)** \_\_\_\_\_ **Authorized Signature** \_\_\_\_\_

**Equipment Location Address:** \_\_\_\_\_

Building Name, Room/Suite Number \_\_\_\_\_

City, State & Zip Code \_\_\_\_\_

**Instructions:** \_\_\_\_\_

**Equipment Information**

**Copier Model & Serial Number**  
\_\_\_\_\_

**Hilyard's Machine ID #**  
\_\_\_\_\_

**Meter Read**  
\_\_\_\_\_

**Date Form Faxed**  
\_\_\_\_\_

**Lease End Date**  
\_\_\_\_\_

**Accessories**  
\_\_\_\_\_

**Return Date Requested**

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

Data security/hard drive wipe will be done by Hilyard's upon pick up of the machine and a certificate presented to an authorized witness.