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Topeka, KS 66614
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Fax 785-233-1342
ktsro@dcca.org

KTSRO Impaired Vision Goggles Check Out Form

Name: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Checkout Date: _____

Return Date: _____

Signature: _____

KTSRO Staff Checkout
Signature _____

KTSRO Staff Check in
Signature: _____