

Interagency **P**rogram for **A**ssistive **T**echnology
Swap and Shop for Used Equipment
Change/Delete Request Form

Date: _____

In order for IPAT to provide you with the best possible service, please indicate the change you wish to make to the Swap and Shop, indicating the item and all pertinent information below:

If you wish to delete an item from Swap and Shop, please indicate the item and all pertinent information below:

If your equipment was sold, please answer the following questions to the best of your ability:

Were you, as the seller, satisfied with this service? Yes No

Town recipient is from: Bismarck Fargo Other

Reason recipient used our database:

Only option or funding source available Satisfied with program quality

Saved money Not sure No response

Signature

Date

Telephone Number

Send completed and signed form to:

IPAT
P.O. Box 743
Cavalier, ND 58220
(701) 265-4807 ~ (800) 265-IPAT (-4728)
www.ndipat.org