**GPS DEVICE REQUEST FORM**

**REQUESTING OFFICER’S (BORROWER) INFORMATION**

NAME: Click or tap here to enter text.

REQUESTING OFFICER’S POSITION: Click or tap here to enter text.

EMAIL: Click or tap here to enter text.

mobile contact:Click or tap here to enter text.

**GPS USER INFORMATION**

NAME OF USER:Click or tap here to enter text.

POSITION OF USER:Click or tap here to enter text.

DIVISION/BRANCH/DEPARTMENT: Click or tap here to enter text.

LOCATION(S) TO BE VISITED: Click or tap here to enter text.

DATE OF REQUEST: Click or tap to enter a date. DATE REQUIRED: Click or tap to enter a date.

EXPECTED RETURN DATE: Click or tap to enter a date.

SIGNATURE: Click or tap here to enter text.

Individuals will be allowed to log out equipment for a maximum of **five (5) working days**. Individuals are not permitted to retain the equipment over the weekend unless permission is otherwise granted. Individuals are expected to return item borrowed on the date stated above, unless permission is otherwise granted. Forms must be submitted a minimum of **two (2) days** prior to the date the item is required. Only officers trained in the use of the equipment will be allowed to log out the instrument. Access will be based on the availability and urgency of the request. The devices have been preconfigured to the appropriate settings to ensure the highest quality data. **Any change of such settings is prohibited. Kindly note, the borrower will be solely responsible for any loss or damage of the equipment and the cost associated with the repair or replacement of the item will be reimbursed by you to the agency.** By signing below, you agree to the terms and conditions of use.

***FOR GIS OFFICIAL USE ONLY***

GIS PERSONNEL NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GPS ASSET #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE PROVIDED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*DD/MM/YYYY*

ADDITIONAL ACCESSORIES PROVIDED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_