

Date _____

**UTAH COUNTY
REQUEST FOR PAGER**

Name _____ Pager No. _____

Department: _____ Work Phone No. _____

Home Address: _____

_____ Home Phone No. _____

Signature of Person to Whom Issued

Department Head Signature

Title of Person to Whom Issued

Signature of Designated Pager Official

I, _____, agree that the pager described below is the property of Utah County Government, and is issued to me for use as related to my duties while employed by _____. I understand that I am fully responsible for the proper care and maintenance of this equipment as long as the agreement remains in effect. I understand that I may be required to make restitution to Utah County for repair or replacement of this equipment necessitated by loss or damage attributable to my negligence. I agree that I will immediately report any such loss or damage to my supervisor and to the Telecommunications Division of the Public Works Department.

Employees Initials

| Equipment Type | Manufacturer | Model | Serial Number | CAP Code |
|----------------|--------------|-------|---------------|----------|
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Entered by: _____ Entry Deleted by: _____

WHITE: Public Works YELLOW: Department PINK: Employee GOLD: Personnel/Sheriffs