

Cellular Equipment Inventory Control Form

User Name: _____	Cellular Equipment Number: _____
User's Position Title: _____	Agency: _____
User's Physical Location: _____	
Cellular Equipment Make and Model: _____	

By signing below, the employee reaffirms the following statement of request/assignment (AM-509-2).
Assignments of cellular equipment shall be limited to business use by officials and employees (1) who travel from their assigned work site on City government business for a significant part of their normal workday and need to communicate frequently with employees and/or citizens while not assigned to their work site (by having immediate access for situations relating to urgent City business), and/or (2) must be accessible at all time, as required by the Mayor and/or agency head.

User Signature: _____	Date: _____
Agency Head Approval: _____	Date: _____
MTE Approval: _____	Date: _____