

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

Entered by: _____

Entry Deleted by: _____