Major Equipment Request Form (Major Equipment Capital Expenditures greater than \$10,000)

Date Requested:	Budget Line-Item Number. 350 0400 58000
Requestor's Printed Name: Tracy Rayno	Phone # 202-0017
Requesting Department:	
☐New to the Fleet (Rolling Stock)	Dept. Director Approved ⊠
⊠Other Major Equipment ☐ Replace	ment Vehicle
Requested Equipment: Tent for MCI and Ha	az Mat Decon
Brand: Tulmar Model #:95	,
Additional Features:	Estimated Cost:
What do you want this to do? Portable shelter for Mass Casualty Incident for patient care	
during inclement weather. Portable decon tent for deconning victims of a haz mat exposure.	
How does this purchase benefit the City of Valdez? Currently we have no resources to	
provide portable shelter for victims of crashes or haz mat incidents.	
D	
Does your department have a qualified operator for the requested equipment?   Yes  No	
Submit this form to the Fleet or Office Manager with the Public Works Department.	
The following to be completed by the Fleet Manager	
Fleet Manager Name:	Date Reviewed:
Will the requested equipment perform as desired? ☐ Yes ☐ No	
Are there additional costs to consider? □Yes □No	
If yes, please list:	
Fleet Manager Notes:	
3	
Estimated Life Expectancy: Years	
Does the Fleet Manager recommend this purchase? ☐ Yes ☐ No	
Fleet Manager Signature:	Date:
Printed Name:Joe Rus	<u>sell</u>
Did the City Manager verbally approve of	this request to make to estimail annuals
□ Ves □ No Date:	
☐ Yes ☐ No Date: City Manager Notations:	