

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 Raynor	Phone # 202-0017
Requesting Department:	
<input type="checkbox"/> New to the Fleet (Rolling Stock) <input checked="" type="checkbox"/> Other Major Equipment <input type="checkbox"/> Replacement Vehicle	Dept. Director Approved <input checked="" type="checkbox"/>

Requested Equipment: Tent for MCI and Haz Mat Decon		
Brand: Tulmar	Model #:9509-003	Estimated Cost: 26,000.00
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.		
Does your department have a qualified operator for the requested equipment? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there additional costs to consider? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please list:	
Fleet Manager Notes:	
Estimated Life Expectancy: _____ Years	
Does the Fleet Manager recommend this purchase? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Fleet Manager Signature: _____ Date: _____

Printed Name: _____ Joe Russell _____

Did the City Manager verbally approve of this request to move to council approval?

Yes No Date: _____

City Manager Notations: _____