



Building Operations EQUIPMENT RENTAL REQUISITION FORM

DATE:	
REQUESTOR:	
Name:	Employee #:
REQUESTOR CONTACT NUMBER:	
WORK ORDER NUMBER AND PHASE:	

SITE CONTACT NAME & NUMBER:

DESCRIPTION OF TOOL REQUIRED					
TYPE <i>(i.e. Aerial Lift):</i>					
SIZE/CAPACITY:					
DELIVERY LOCATION					
MODEL #:					
FULL DESCRIPTION OF TOOL <i>(if Model # unavailable)</i>					
Estimated Rental Duration		Quantity Required:		Date Required:	

AUTHORIZATION			
Shop Head:		Reason:	
	Date Signed:	Head's Signature:	Head's Name (Please Print)