



*a*

AM-509-2-3

*m* **Pagers/Cellular Phones Justification Form**

**Pager/ Cellular Justification Form  
NEW SERVICE ONLY**

USER'S NAME:

USER'S DEPARTMENT:

USER'S BUREAU/DIVISION:

ADDRESS:

PHONE NUMBER:

TITLE:

CHARGE BUDGET ACCOUNT #:



REQUESTING: BLACKBERRY  CELLULAR PHONE  PAGER  AIR CARD  USB MODEM   
SMART PHONE  OTHER/SPECIAL REQUEST

1. REQUEST IS FOR: PERMANENT  TEMPORARY   
IF TEMPORARY, INDICATE DATES REQUIRED (Month and Year): FROM \_\_\_\_\_ TO \_\_\_\_\_

DESCRIBE USE FOR THE TYPE OF EQUIPMENT REQUESTED



2. CURRENT CITY COMMUNICATION EQUIPMENT AUTHORIZED TO PROPOSED USER:  
2-WAY HAND-HELD RADIO  2-WAY MOBILE RADIO  MOBILR TO MOBILE   
BLACKBERRY  CELLULAR PHONE  TONE PAGER  VOICE PAGER

IF ANY ITEM IS CHECKED, STATE WHY THE REQUESTED EQUIPMENT IS NECESSARY

3. DURING THE PREVIOUS 6 MONTHS, PROVIDE WORK EXAMPLES AND DATES IN WHICH THE REQUESTED EQUIPMENT WOULD HAVE IMPROVED THE OUTCOME (i.e. IMPROVED RESPONSE TIME, IMPROVED SERVICE DELIVERY, ETC, ETC {ATTACH ADDITIONAL SHEETS IF NECESSARY})

4. HOW WERE YOU CONTACTED IN THE WORK EXAMPLES STATED ABOVE?



5. DURING THE NORMAL WORK WEEK, WHAT PERCENTAGE OF YOUR TIME IS SPENT AT LOCATIONS WHERE:  
A PHONE IS AVAILABLE \_\_\_\_\_ A PHONE IS NOT AVAILABLE \_\_\_\_\_



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- 6. WHAT PERCENTAGE OF TIME IS SPENT RESPONDING TO EMERGENCIES DURING:  
 NORMAL WORK WEEK \_\_\_\_\_ OFF-DUTY \_\_\_\_\_  
 IN A VEHICLE WITH A RADIO \_\_\_\_\_ IN A VEHICLE WITHOUT A RADIO \_\_\_\_\_
  - 7. IF THE REQUEST IS FOR A PAGER OR CELLULAR EQUIPMENT, WILL IT BE SHARED WITH OTHER USERS?  
 YES  NO
  - 8. IF YES, INDICATE BY NAME AND TITLE: \_\_\_\_\_
  - 9. HOW WILL OTHERS USE THE PAGER OR CELLULAR EQUIPMENT?  
 DUTY OFFICER  BACK-UP WHEN ON LEAVE
- OTHER (EXPLAIN)
- 

- I UNDERSTAND THAT, IF APPROVED, I WILL ACCEPT RESPONSIBILITY FOR PROPER CARE AND USE OF SUBJECT EQUIPMENT IN ACCORDANCE WITH ESTABLISHED CITY POLICY GOVERNING SAME.
- I UNDERSTAND THAT IF I USE THE CITY CELLULAR EQUIPMENT FOR PERSONAL USE, I AM RESPONSIBLE FOR REIMBURSING THE CITY FOR THE EXCESS OF ALL SUCH CALLS WITHIN (7) WORKING DAYS OF RECEIVING MY BILL.
- I UNDERSTAND THAT MY CELLULAR EQUIPMENT BILL WILL BE AUDITED PERIODICALLY FOR POLICY COMPLIANCE.
- I UNDERSTAND WORKING EQUIPMENT LESS THAN (1) YEAR WILL NOT BE REPLACED.

SIGNATURE OF USER: \_\_\_\_\_ DATE: \_\_\_\_\_  
(REQUIRED)

I APPROVE THIS REQUEST  
SIGNATURE OF AGENCY HEAD: \_\_\_\_\_ DATE: \_\_\_\_\_

**ALL REQUESTS FOR CELLULAR EQUIPMENT, BLACKBERRIES, SMART PHONES AND PAGERS  
MUST BE APPROVED BY DEPARTMENT HEAD:**

APPROVED: \_\_\_\_\_ DATE: \_\_\_\_\_  
SIGNATURE, DEPARTMENT HEAD

RETURN COMPLETED FORM TO: *MUNICIPAL TELEPHONE EXCHANGE  
201 E. BALTIMORE STREET, 11<sup>TH</sup> FLOOR  
OR  
[CPR@baltimorecity.gov](mailto:CPR@baltimorecity.gov)*