

Louisiana Department of Natural Resources
Home Storage Equipment Request Form
Section I

Employee Name/Home Address:	Division/Job Classification:	Work Number:
		Home Number:
Description of Item & State Property Tag Number:		
Justification: (This section should indicate the reason/need to have this equipment stored at an employee's home and how long it will be needed.)		

Section II

I certify that this equipment will be used for official state business in accordance with state law. It will not be used for personal business. I assume responsibility for the above referenced equipment if it is lost, stolen, damaged or destroyed due to my neglect.

Employee Signature:	Date:
Approved by Immediate Supervisor: (signature)	Date:
Approved by Assistant Secretary: (signature)	Date:
Approved by Undersecretary: (signature)	Date:
Verified by Section Property Control Liaison. (Signature)	Date:

Section III

To be completed by DNR Property Manager or designee or Section Property Control Liaison

Description of item issued:	Serial Number:	State Tag Number		
Date Issued:	Issued by:	Anticipated Return Date: *	Date of Return:	Received by:

*Date returned should not exceed one calendar year from date of issuance.

ORIGINAL FORM MUST BE FORWARDED TO DNR'S PROPERTY CONTROL MANAGER