

# REQUEST TO USE CROCK POT

Date of Request

Building

Agency:

Contact Person Name:

Contact Person Email:

Contact Person Telephone Number:

Date of Event

Location

Number of Crock Pots Requested

*For DGS Use Only*

Electrical Shop Review:

Approved

Disapproved

Number of Crock Pots Approved:

Electrician Performing Inspection and Date

Building Manager Name:

Other Comments: