

COLLECTION FORM

Councillor Name:

Device:

Serial number:

Condition NEW

Accessories Mouse
 Case
 Keyboard
 Pencil

I have read and agree to abide by the Provision of IT and Acceptable Use Policy.
I acknowledge that this device is the property of Saltash Town Council and should be returned immediately if I cease to be a Town Councillor.

I understand that any data on this device may be subject to release under the Freedom of Information Act 2000 and is subject to UK GDPR.

Councillor Signatory:

Date:

Name/signatory of Officer releasing device/accessories:

Date:

RETURN FORM

Councillor Name:

Device:

Serial number:

Condition:

Accessories Mouse
Case
Keyboard
Pencil

Councillor Signatory:

Date:

Name/signatory of Officer receiving device/accessories:

Date:

DRAFT