

REQUEST FOR PORTABLE CHEMICAL LATRINES AND VALIDATION OF SERVICES

TO: III Corps Range Division, ATTN: COR, Fort Hood, TX 76544 5056

DPTMS Range Division COR 287-8393, Dwayne.leclerc@us.army.mil; Vaughn.young@us.army.mil

PART 1

1. Request portable chemical latrines be provided for _____

(Requesting Unit/ Activity)

a. Cost of requested services is chargeable to _____

(Account Processing Code)

b. Service period _____ AT 0001 HRS And ending on _____ AT 2400 HRS
(Start Date) (End Date)

c. Deliver no later than _____ On service start date.
(Time)

d. Number of Latrines required with standard services every 2nd day. _____
Request Daily Services? _____

e. Latrines will be required at _____ for _____ days
(GRID COORDINATES) (Number)
8 DIGIT MINIMUM

f. Latrines will be relocated to _____ at _____ at _____
(GRID COORDINATES) (Date) (Time)
8 DIGIT MINIMUM

**Latrines will be delivered and globally positioned at the Grid Coordinates provided.
8 digit grid required. Insure accuracy.**

**Any special circumstances that require special delivery considerations require
arrangements at the time the form is submitted or by email attachment .**

2. Point of contact for this request is

Comptrollers forwarding of request to DPTMS Range Division certifies availability of funds	(Name of Individual to Contact)	(Telephone Number)
_____ (Signature of CO, XO, S4 Officer)	_____ (Unit/Activity)	_____ (Date)

PLEASE FORWARD REQUESTS & CUSTOMER COMMENTS TO:
Dwayne.leclerc@us.army.mil; Vaughn.young@us.army.mil

PART II

For Chemical Latrine Contractor:

Request for Portable Chemical Latrines has been received and approved for delivery.

REQUIREMENT NUMBER _____ Has been assigned.

This requirement is for bid item(s) _____ Extending from _____ to _____

(Signature of Authorizing Official)