NOTE: You can save this form electronically, together with the data you enter on it.

CLEAR FORM

LOS ANGELES COUNTY – DEPARTMENT OF MENTAL HEALTH
CONTRACT PROVIDER TECHNOLOGICAL NEEDS PROJECTS

PRINT

Green Tag(s) Issued

*** for MHSA Contract Provider Technology Projects only**

NOTE: **Please return to:**

Administrative Services Bureau
550. S. Vermont Ave. 2nd Floor
Los Angeles, CA 90020
Attn: Mr. Prince Traylor
Email: PTraylor@dmh.lacounty.gov
Fax: (213) 252-9740

Required for all technology assets purchased with MHSA IT Funds. *Items valued at $5,000 or greater also require a Silver Tags Issued form to be completed.* When affixing the tags to the equipment, please place in a visible location on the equipment.

Requesting Contract Provider Name: _____

Legal Entity Address: _____

Location of Asset(s): _____

Requested By: _____
Name (print) Title Phone #

Quantity Requested: _____

DMH ASB Office Use Only

Beginning No.: _____ **Ending No.:** _____

Received by: _____ Date: _____
Name (print) Signature
Contractor's Project Manager

Revised: April 5, 2010