



SERVICE REQUEST NO.: _____

SERVICE REQUEST FOR LEASE OF RADIATION SURVEY METER

I. CLIENT INFORMATION

Company Name : _____
Address : _____
PNRI Licensee No. : _____
Name of Applicant : _____
Designation : _____
Contact Number : _____

II. DETAILS OF SERVICE REQUEST

Brand/Model : _____
Serial Number : _____

PERIOD OF LEASE	AUTHORIZED PLACE OF USE

Payment (to be filled by RPSS Staff)

Cost of Lease : _____

OR Number : _____

Date : _____

III. TERMS & CONDITIONS

In addition to the terms and conditions detailed in the **CONTRACT OF LEASE**, the following shall also apply:

1. The Institute is implementing a **CASH PAYMENT POLICY**. The services being requested will be provided only upon presentation of the *Official Receipt*.
2. The Contract of Lease is only valid for one year.

I have read and agreed with all the terms and conditions stated upon and other supplementary provisions regarding special conditions and/or agreement.

Signature of Applicant

Date

Received by