

Latrine Request Form

Requesting Unit:

1. Requested time frame for latrines:

a. Number of latrines required:

b. Hand sanitizer (x box for "yes"):

c. Placement and Cleanings on requested latrines:

Range and Grid	Qty	Placement Date	Clean Date(s)	Pick Up Date

d. Will meet vendor at range house on (DATE and TIME):

e. POC that will meet vendor at range house (RANK and NAME):

2. POC for this unit is (NAME and Cell#):

Special Notes:

- 1. If a meet time with the vendor is needed, please meet the vendor at least 1 day prior to your requested start date.**
- 2. Make sure your unit knows exactly how many latrines they need and where they go.**
- 3. Make sure your unit checks with **Range Control** on their range dates, if changes are made **please contact S&S so we can re-coordinate latrines.****
- 4. If your unit needs more latrines than requested **please contact S&S.** If it is **after 1630** your request will have to wait until the next day.**
- 5. Portable Latrines will **only be placed near/off roads or cleared trails.** Vendor **cannot drive across fields or very rough trails.****

