

TECHNICAL SUPPORT DIVISION

G. I. S. / DRAFTING WORK ORDER

MIAM DADE COUNTY AVIATION DEPARTMENT (Annex D)
P.O.BOX 025504
MIAMI, FLORIDA 33102-5504
FAX NUMBER: 305 876 0249



Requested by: _____

Title: _____

Phone: _____

Department/Division: _____

Requested Completion Date: _____

For P-1 and P-2 Requests Only

Date: _____

PRIORITY (Check One of the Following)
<input type="checkbox"/> Priority 1 - Emergency, OVERTIME Required
<input type="checkbox"/> Priority 2 - Emergency Regular Hours
<input type="checkbox"/> Priority 3 - Schedule During Regular Hours

PRIORITY 1 AND PRIORITY 2 MUST BE AUTHORIZED BY REQUESTING DIVISION MANAGER

Authorized by: _____

Date: _____

Description: _____

For Technical Support Division Use Only

Sensitive Security Information: I attest that I am familiar with, and I will comply with the standards for access, dissemination, handling and safeguarding of SSI information as cited in this Agreement and in accordance with 49 CFR Part 1520, "Protection of Sensitive Security Information," "Policies and Procedures for Safeguarding and Control of SSI," as amended, and any supplementary guidance issued by an authorized official of the Department of Homeland Security. It is the responsibility of the recipient of these documents to dispose of them in a suitable manner thereby rendering them useless to unauthorized users.

JOB NUMBER: _____

FILE LOCATION: S DRIVE\ _____

Completed by: _____

Date: _____

Received by: _____

Date: _____

Remarks: _____
