**ELECTRICAL DEVICE**

 **AUTHORIZATION FORM**

**Owner:

Location:**1107 Budapest, Bihari u. 8. **Date of inspection:

Documentation:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Apartment/room** | **Name** | **Device or serial number** | **Device description (brand and type)** | **Photo** | **Condition** | **What it is used for?** |
|  |  |  |  |  |  |  |

Notes:…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

I hereby authorize and certify that you may use the above-listed tools and equipment on the University's premises as of today.

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 Owner Authoriser

 …………………………………. ………………………………...

 Inspector Documentation