



TOWN OF DAVIE

Davie Town Hall: 6591 Orange Drive, Davie, Florida 33314 Phone: (954) 797-1000

TOWN OWNED CELL PHONE AGREEMENT

By signing below I understand and agree to all the conditions of issuance of a Town owned Cell Phone.

1. I understand this phone is to be used for Town business only. You may only use the Town owned cell phone for business purposes or in the event of an emergency. In the case of an emergency you will be required to reimburse the town for the cost of the call.
2. I understand and agree that I will not use the Town Cell Phone in an unsafe manner while operating a motor vehicle or other equipment provided by the Town. I will also apply the same required safety considerations of using a Town Cell Phone while operating a Town vehicle or while using my personal vehicle.
3. I understand and agree that if I lose or damage the cell phone beyond reasonable wear and tear I am responsible for paying for its replacement unless sufficient evidence can be supplied that the phone was stolen or lost outside my control. Exceptions may be made by the Department Director or Town Administrator.
4. I will make reimbursement to the Town for any emergency calls within 15 days of receipt of the itemized billing statement and reconciliation of the same. Said reimbursement will include charges for all emergency, non-business minutes used. Cell phone billings are subject to audits by the Town as well as other entities. I also acknowledge that cell phone bills are subject to public records requests within the limitations of the Florida State Statutes.
5. I agree to adhere to this Town of Davie Cell Phone Agreement regarding use of Town issued cell phones. This updated Agreement supersedes all previous cellular policies/agreements.
6. I understand and agree that in the event I do not adhere to any part of this agreement or the Town of Davie Cell Phone Agreement I may be subject to termination of access to the Town cell phone and/or other disciplinary action.

Agreed to this _____ day of _____, 20__ by:

Employee Printed Name

Employee Signature

For use by the Information Systems Department:

Cell phone Issued:_____ Number:_____ Date:_____ By:_____