

Equipment Freeze OBM Waiver Request

Please complete this form in its entirety. Failure to do so may result in denial of your waiver request. **Email your completed form to obm.freezewaivers@obm.state.oh.us.**

Please make the subject of the email your 3-character agency code followed by the six character account code for which you are seeking a waiver. *For example, if OBM is seeking a waiver for account 531220, the subject of the email would be OBM531220.*

Agency and Contact Information

Agency: _____

Date: _____

Requestor Name: _____

Requestor Telephone: _____

Waiver Request Information

Equipment OAKS Account Number (six characters): _____

Equipment OAKS Account Name: _____

Equipment Description: _____

Vendor Name: _____

Vendor ID: _____

Amount of Requested Waiver: \$ _____

Purchases of supplies and equipment that cost \$1000 or more must be personally reviewed and approved by the Executive Agency Director or the director's designee (Executive Order 2009-07S)

Signature

Date

