



**DEPARTMENT OF FIRE AND
EMERGENCY SERVICES
GEAR REQUEST FORM**

DATE: _____ ITEM REQUESTED: _____

NAME: _____ SERIAL NUMBER: _____

REASON:	REPLACE STOLEN GEAR	CLEANING	RANK CHANGE
	REPLACE LOST GEAR	TEMP. REPLACEMENT	OTHER: _____
	NEW ISSUE	REPLACE O.O.S. GEAR	

SIGNATURE: _____ QTY: _____

DATE OF GEAR REQUEST: _____ TURN AROUND TIME: _____



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