

EQUIPMENT REQUEST FORM - Year: _____

Unit # Unit Name

Priority 1, 2 or 3 Item # Replacement or Additional (R/A)

DESCRIPTION:

COST:

Number of Units Requested:
Cost Per Unit:
Installation Cost Per Unit:
Total Cost - All Units

of Similar Units on Hand

EXPLANATION OF NEED:

<input type="checkbox"/>	Scheduled Replacement	<input type="checkbox"/>	Expanded Service	<input type="checkbox"/>	Increase Safety
<input type="checkbox"/>	Present Equipment is Obsolete	<input type="checkbox"/>	New Operation	<input type="checkbox"/>	Expand Service
<input type="checkbox"/>	Replace Worn Out Equipment	<input type="checkbox"/>	Reduce Personnel Cost	<input type="checkbox"/>	*Other-Describe Below

RECOMMENDATION FOR DISPOSITION OF EXISTING EQUIPMENT:

<input type="checkbox"/>	Possible use by other Depts	<input type="checkbox"/>	Trade-In	<input type="checkbox"/>	Auction
<input type="checkbox"/>	Salvage	<input type="checkbox"/>	Unsalvageable		

SPECIFY ITEM(S) TO BE REPLACED BY THE REQUESTED ITEM(S):

Item	Make	Fleet #	Age / Year
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Was item requested previously? Year(s)

Will requested equipment require an increase in personnel?

Was item ever approved and then deferred by you in lieu of other equipment?

If item will be used by more than one unit, state locations:

Unit #	Unit Name
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Explain Item Need (Describe use and workload)
If Scheduled Replacement, Specify Schedule

Describe an Alternative to Purchase of Equipment

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