

From: DiRubba, Anthony

Sent: Friday, March 10, 2023 3:46 PM

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Cc: Squillante, Neil <nas1@westchestergov.com>

Subject: 2024 Small Equipment Requests

Importance: High

Good Afternoon,

Attached is the 2024 small equipment request form. It must be completely filled out and returned to me no later than April 28, 2024. Make sure the year, make, model and fleet number of any traded equipment is on the form. Please make sure the form is complete before you send it or it will be sent back. You can call me with any questions.

Make sure any request sent is what you need. We are not going to change approved equipment unless it is an emergency.

Thank you,

Anthony J. DiRubba

Westchester County Parks, Recreation, and Conservation

914 231-4516

EQUIPMENT REQUEST FORM - Year: 2024

Unit #

Unit Name

Priority 1, 2 or 3

Item #

Replacement or Additional (R/A)

DESCRIPTION:

COST:

Number of Units Requested:

Cost Per Unit:

\$0

Installation Cost Per Unit:

0

Total Cost - All Units

\$0

of Similar Units on Hand

EXPLANATION OF NEED:

☐	Scheduled Replacement	☐	Expanded Service	☐	Increase Safety
☐	Present Equipment is Obsolete	☐	New Operation	☐	Expand Service
☐	Replace Worn Out Equipment	☐	Reduce Personnel Cost	☐	*Other-Describe Below

RECOMMENDATION FOR DISPOSITION OF EXISTING EQUIPMENT:

☐	Possible use by other Depts	☐	Trade-In	☐	Auction
☐	Salvage	☐	Unsalvageable		

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

Item	Make	Fleet #	Age / Year

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

Explain Item Need (Describe use and workload)

If Scheduled Replacement, Specify Schedule

Describe an Alternative to Purchase of Equipment

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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:

Scheduled Replacement

Present Equipment is Obsolete

Replace Worn Out Equipment

Expanded Service

New Operation

Reduce Personnel Cost

Increase Safety

Expand Service

*Other-Describe Below

RECOMMENDATION FOR DISPOSITION OF EXISTING EQUIPMENT:

Possible use by other Depts

Salvage

Trade-In

Unsalvageable

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

Item	Make	Fleet #	Age / Year
String Trimmer	Stihl	40523	6
String Trimmer	Honda	54789	5

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
6100	Bronx River

Explain Item Need (Describe use and workload)

If Scheduled Replacement, Specify Schedule

Describe an Alternative to Purchase of Equipment