

EQUIPMENT REQUEST FORM - Year: 2022

Unit # Unit Name Priority 1, 2 or 3 Item # Replacement or Additional (R/A) **DESCRIPTION:**

COST:Number of Units Requested: Cost Per Unit:

of Similar Units on Hand

Installation Cost Per Unit: Total Cost - All Units **EXPLANATION OF NEED:**

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Scheduled Replacement

Present Equipment is Obsolete

Replace Worn Out Equipment

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Expanded Service

New Operation

Reduce Personnel Cost

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Increase Safety

Expand Service

*Other-Describe Below

Of 7 current weed whackers, 3 are in very poor condition and the others don't have the power needed for the number of areas being weed whacked. A heavy duty weedwhacker would decrease the time in completing the task.

RECOMMENDATION FOR DISPOSITION OF EXISTING EQUIPMENT:

<input type="checkbox"/>
<input type="checkbox"/>

Possible use by other Depts

Salvage

<input type="checkbox"/>
<input type="checkbox"/>

Trade-In

Unsalvageable

Auction

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?

	Unit #	Unit Name
If item will be used by more than one unit, state locations:	<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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