

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:	<input type="text"/>	<input type="text"/>
Cost Per Unit:	<input type="text"/>	# of Similar Units on Hand
Installation Cost Per Unit:	<input type="text"/>	
Total Cost - All Units	<input type="text"/>	

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 Present Equipment is Obsolete	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

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"/> 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

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
	<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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