

DeKalb County Fire Department

Purchase Request Form

Member's name/title making request: _____

Date of Request: _____

Description of item(s) requested (size, color, etc):

Reason for request: (new purchase, lost, damaged, worn out, etc.)

If damaged, is it possible to make repairs to the equipment? _____ If no, explain:

If lost or damaged, who was responsible? _____

Was this a negligent action? _____ If yes, explain: _____

Estimated cost of equipment requested: _____

Signature of Requesting Member: _____ Date: _____

Issuing PPE Officer Authorization: _____ Date: _____

Receipt by Equipment Officer: _____ Date: _____