HUGO FIRE & RESCUE
LOST/DAMAGED EQUIPMENT REPAIR REQUEST

Date Requested:_____ Apparatus#:_____

Requestor: _____ Officer in Charge: _____
(Print Your Name Full Name) (Print Name & Car #)

Equipment Type, Brand, & ID#:_____

Problem:_____

_____

Maintenance Division Information

Date Request Received:_____

Received By:_____
(Print Full Name)

Date Item Out of Service for Repair:_____

Date Repair / Replacement Part Ordered:_____

Repair Shop: _____

Sent or Ordered By:_____
(Print Full Name)

Date Equipment Back in Service & On Apparatus:_____

Placed Back In Service By:_____
(Print Full Name)

Notes:_____

_____