

# FLORENCE TWP. FIRE DIST. NO. 1

**DFGEAR-01**

## PERSONAL TURNOUT GEAR REQUEST FORM

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

STATION \_\_\_\_\_

DESCRIPTION OF PERSONAL ITEM REQUESTED TO BE USED BY MEMBER:

\_\_\_\_\_

\_\_\_\_\_

1. Meets or Exceeds the Following Standards: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

\*\*\*\*\*

### FOR BOARD USE ONLY:

Board Receive Date \_\_\_\_\_

Board Approval Date \_\_\_\_\_

Board Rejection Date \_\_\_\_\_

(Reason) \_\_\_\_\_

Commissioner \_\_\_\_\_

(Signature)

8-14-95