

**OKOLONA FIRE DEPARTMENT
REQUEST FOR PERSONAL EQUIPMENT ISSUE**

Name of Member: _____ Date: _____

The following item(s) are requested: (Give sizes if appropriate)

Signed By Member: _____

Approved by Member's Chief Officer : _____ Date: _____

Received by Equipment Officer Date: _____

Notes by Equipment Officer:

Date Request Completed: _____ By: _____