



## WFR TURNOUT GEAR REPAIR FORM

Fire Department: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

P.O. Required for Repair:  Yes P.O. # \_\_\_\_\_  No

### Repair Required:

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### Repair Location (circle on picture approximate location)

*Note: Gear must be clean when sent in or we will have to get it cleaned and charges will be added to your bill.*

