



WFR TURNOUT GEAR REPAIR FORM

Fire Department: _____ Date: _____

Contact Name: _____ Phone #: _____

Address: _____

P.O. Required for Repair: Yes P.O. # _____ No

Repair Required:

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.

