

Disposal Request Form

Complete this form only if property needs to be picked up

District: _____

County: _____

Fire Department Name: _____

VFD Contact name, title and phone number: _____ (please print)

AG#: _____ Serial #: _____

Equipment type: _____

Example: generator, pickup, larger truck or pumper, etc.

Reason for return: _____

Please include information such as: blown motor, bad breaks, bad transmission, etc

PLEASE UNDERSTAND THAT PROPERTY SHALL REMAIN ON VFD'S
INVENTORY UNTIL A SHIPPING DOCUMENT HAS BEEN EXECUTED
ALSO, INSURANCE MUST BE MAINTAINED ON A VEHICLE AND IT MUST
BE HOUSED UNTIL IT IS PICKED UP BY AN AFC REPRESENTATIVE