YORK COUNTY BOARD OF RURAL FIRE CONTROL
REQUEST FOR TURNOUT GEAR

Department:_____

Date of Request:_____

The fire department above requests turnout gear - coat, pants, suspenders, helmet with face shield, and boots - for the firefighters listed below.

Name	**Interior Certified**
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Signed: _____
Chief

Remarks:_____

_____

_____

_____

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_____

Must be submitted one week prior to the fourth Thursday of the month to appear on the agenda.