



REQUEST FOR FEDERAL EXCESS PROPERTY

This will be kept on file for a maximum of three (3) years.

PLEASE NOTE: Once the Volunteer Fire Department is offered equipment, contact with the Department of Natural Resources Rose Lake, Marquette or Gaylord facilities must be made within three weeks.

Date		Fire Department Name	
County		Fire Department ID Number	
Fire Department Mailing Address, City		Fire Department Street Address, City	
Fire Department Daytime Phone	Fire Department Evening Phone	Chief's Name	

PROTECTION AREA LIST TOWNSHIPS, VILLAGES, CITIES AND TOTAL SQUARE MILES

TYPE OF EQUIPMENT REQUESTED

	TYPE	YOUR PRIORITY (1, 2, 3...)	NEW UNIT	REPLACEMENT UNIT	COMMENTS
<input type="checkbox"/>	Structure Engine		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	4 X 4 Engine		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	6 X 6 Engine		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Small Tanker 1 – 3,000 Gal		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Large Tanker 3,000+ Gal		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Generator		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Pumps		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Air Compressor		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Other:		<input type="checkbox"/>	<input type="checkbox"/>	

CURRENT AVAILABLE FIRE TRUCKS AT DEPARTMENT

TYPE	AGE	SIZE	CONDITION

**** UPON ACCEPTANCE OR REFUSAL OF AN OFFER OF AVAILABLE EQUIPMENT, THIS REQUEST WILL BE MADE INACTIVE.**

<input type="checkbox"/> Check if current Mutual Aid Agreement on file with DNR	Date last signed:
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CERTIFICATION

The undersigned understands that a cooperative memorandum and agreement between the above fire unit and the Michigan Department of Natural Resources will be consummated, in and when any of the above equipment is acquired.

Name & Title (Print)	Signature	Date
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DNR USE ONLY

Field Office	Unit Office	Management Unit Priority <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High
Fire Officer Supervisor		Date
Issue to Department		Date