INDIANA COUNTY
WILLIAM A. WAUGH
FIRE ACADEMY
85 Haven Dr
Indiana PA 15701
724-349-9300

EQUIPMENT / PROPERTY USE FORM

Any staff Member requesting to use equipment for an off site program must complete this form and submit it to the Director or a Deputy Director for authorization of the equipment release prior to the equipment leaving the Fire Academy property.

NAME OF REQUESTOR: _____

PROGRAM TITLE: _____

STARTING DATE: _____ ENDING DATE: _____

LOCATION OF COURSE: _____
(STREET ADDRESS AND BUILDING NAME INCLUDING AGENCY NAME MUST BE INCLUDED)

_____

List each individual piece of equipment.
(If there are multiple pieces of the same piece only list the item once with a quantity total)

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STAFF SIGNATURE DIRECTOR/DEPUTY SIGNATURE