



El Paso County ESD #2

Vehicle Repair/Maintenance/Mechanical Request Form:

Department Name: _____

Location Address: _____

Unit #: _____ Year: _____ Make: _____ Model: _____

VIN: _____

Mileage: _____

I am requesting to have the following item(s) repaired in my Department.

(PLEASE NOTE THAT YOUR REPAIR DESCRIPTION MUST INCLUDE LOCATION ON NEEDED REPAIR AND A DETAILED REPAIR DESCRIPTION. FOR EXAMPLE: IN UNIT 111, THE FRONT SIGNAL LIGHTS DO NOT WORK WHEN OPERATING THE VEHICLE.)

Chief's Signature: _____

Date: _____

Print Name: _____

FOR DISTRICT USE ONLY			
Approved by: _____	Date: _____	P.O. #: _____	_____