



**MYRTLE BEACH
RES1CUE**
AMBULANCE MAINTENANCE REQUEST



Unit Number: _____

Permit Number: _____

Mileage: _____

Service Mileage: _____

Is unit out of service: Yes _____ No _____

** IF UNIT IS OUT OF SERVICE PLEASE CONTACT THE ON CALL DUTY OFFICER AS SOON AS POSSIBLE**

Description of work needing to be done: _____

Member Making Request: _____

Please Print Name

Date: _____

DO NOT WRITE BELOW THIS LINE

Date workorder was received: _____	Date Repaired: _____
Was repair completed inhouse: Yes: _____	No: _____
If no please state the name of the repair center: _____	
Supplies used: _____	
Total Cost of Repair _____	