



Montgomery County ESD No. 10
Magnolia Fire Department

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DAMAGED OR MISSING EQUIPMENT FORM
Issued to an Individual / Station

Name: _____			Date: _____			FFID: _____		
Station: _____			Time: _____			District: _____		
Specific Equipment:								
Member's Explanation (Mark One) ☐ Missing ☐ Stolen ☐ Lost ☐ Damaged*								
.								

Member Signature								
Immediate Officers Signature								
Battalion Chief's Recommendation / Reason (Mark One) ☐ Replacement ☐ Restitution								

Battalion Chief's Signature								
Chief / Assist. Chief's Recommendation / Reason (Mark One) ☐ Replacement ☐ Restitution								

Chief / Assist. Chief's Signature						Date:		
If stolen, were the police notified (if yes, report #, officer, and/or station)								
Cost: _____			Restitution Amount: _____					
I agree to make restitution for the equipment at the cost listed. ☐ Yes ☐ No								
If applicable, I agree for the restitution amount to be withheld from my incentive pay until all costs are rendered. ☐ Yes ☐ No								
Signature: _____						Date: _____		