Delaware Volunteer Firefighter's Association

Station, Apparatus and Equipment Inventory

("please use one form for each station")

Fire Company _____

Station Number or Sub Station Number _____

Station or Sub Station Address _____

_____

Apparatus or Equipment

Radio No	Year	Manufacturer	Description	

(note: include emergency apparatus, ambulances or equipment only. Do not include antiques, vans, command vehicles, or pick up trucks not used for brush fires)

Contact Person _____

Phone Number _____ Date _____

Please email to the DVFA Office at wjones@dvfassn.com before February 1st of each year.