



# Safety Enhancement Request

## DEPARTMENT INFORMATION

Department/Agency Requesting: \_\_\_\_\_

Date of Request: \_\_\_\_\_

Date When Needed: \_\_\_\_\_

Specific Need You Are Requesting For (be specific):

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(if you need more room, please add an additional page)

Number of sworn/certified personnel in your agency \_\_\_\_\_ Number of volunteer personnel in your agency \_\_\_\_\_

Number of personnel that will use this equipment/fund \_\_\_\_\_ Number of residents in your service area \_\_\_\_\_

## EQUIPMENT INFORMATION

Are the items requested replacing existing equipment?

Are the items requested new equipment for the department/agency?

Reason such item(s) cannot be provided for in your normal operating budget:

*\* Please continue on a separate page if necessary.*

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Are there any other sources of funding that were considered and why could they not be used?

*\* Please continue on a separate page if necessary.*

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**Studies undertaken by your department or others that would indicate that such item(s) would enhance the personal safety of officers/firefighters:**

*\* Please continue on a separate page if necessary.*

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**Additional information may be requested by the committee in support of the request. Submissions and attachments become the property of the 100 Club and cannot be returned.**

**Contact person making request:**

**Name\*** \_\_\_\_\_ **Title** \_\_\_\_\_

**Complete mailing address** \_\_\_\_\_

**City** \_\_\_\_\_ **Zip code** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

**Email Address** \_\_\_\_\_ **Fax Number** \_\_\_\_\_

**Signature of Agency Supervisor approving this Request** \_\_\_\_\_ **Title** \_\_\_\_\_

**Please attach any quote received for the equipment.**

**If no, please explain:** \_\_\_\_\_

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**Please complete and return to [contact@borderland100club.com](mailto:contact@borderland100club.com)**