



**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 _____	