



FEPP Pickup/ Removal Request

Fire Department Information

Department Name: _____

Department Address: _____

Department Telephone: _____

Point of Contact Information

Name: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

Information on item to be picked up

Description of the item (example: 2.5 ton 6X6 truck): _____

FEPP Number: _____

Serial Number or VIN Number: _____

License Number (If a vehicle): _____

Description of where the item is currently located: _____

Can it be accessed by an 18 wheeler haul truck?: _____

If the item is a vehicle

Does the engine run?: _____

Are the tires inflatable?: _____

Are the wheels/axles locked or will it roll?: _____

Printed name of person requesting removal

Date

Signature

Please submit this document via email or fax.

Email: fepp@tfs.tamu.edu

Fax Number : (936) 639-8138 ATTN: FEPP Program