



Fitness Equipment Repair Request Form

Please complete this form and forward to:
Fitness Equipment Manager at the Fitness Center.

Station: _____

Date: _____

Person requesting the repair: _____

Name of equipment in need of repair: _____

Brand _____

Model _____

Serial # _____

Fire department 5 digit tracking number (black sticker): _____

Detailed description of malfunction in need of repair: _____
