

Antietam Fire Apparatus, Inc.

*Customer Parts Request*  
Please fax to 1-301-797-1412

Company Name \_\_\_\_\_ Date \_\_\_\_\_

Your Unit # \_\_\_\_\_ KME GSO# \_\_\_\_\_

Contact Name \_\_\_\_\_ Contact Home Phone \_\_\_\_\_

Contact Cell Phone \_\_\_\_\_ Contact Other Phone \_\_\_\_\_

Station Phone \_\_\_\_\_ FAX number \_\_\_\_\_

Part Number \_\_\_\_\_

Model Number \_\_\_\_\_

Serial Number \_\_\_\_\_

Additional Information \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\* Note: Serial number is required for ant parts for Hale Pumps \*

For Parts Department Use

Date Ordered \_\_\_\_\_ PO# \_\_\_\_\_

Vendor Name \_\_\_\_\_ Vendor Phone # \_\_\_\_\_

Date to Ship \_\_\_\_\_ Date Received \_\_\_\_\_

Notes \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_