

OMAG

EQUIPMENT CHANGES

(Mobile Equipment, Miscellaneous Equipment or Vehicle Equipment)

DATE: _____

CITY/TOWN: _____

PH#: _____

PERSON REQUESTING CHANGES: _____

FAX#: _____

ADD: _____

DELETE: _____

CHANGE: _____

DATE EFFECTIVE:

LOSS PAYEE: *If bank has requested to be listed as "loss payee" (LP) on this piece of equipment please write bank name & address w/city, state & zip code in the box to the right. If deleting LP you may use this form. Please make sure you list the equipment you are deleting the LP from.*

1. YEAR: _____

2. MAKE: _____

3. MODEL: _____

4. SERIAL/IDENTIFICATION NUMBER : _____

5. VALUE OF EQUIPMENT: _____
(Equipment, i.e. light bars, cameras, sirens, etc.)

6. USED BY WHICH DEPARTMENT?: _____

List equipment to be scheduled with values below or attach list to this sheet.

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REASON FOR DELETING EQUIPMENT: _____

AUTHORIZED SIGNATURE: _____

Fax to (405)657-1401, email to changes@omag.org
OR mail to OMAG at 3650 S. Blvd, Edmond, OK 73013-5581 - Attn: Changes/Endorsements

(This form may be copied or printed from www.omag.org - Forms)