



Great Basin Tire Replacement Order Form

Incident Name: _____
Incident Number: _____

Date of Order: _____ Time of Order: _____

Name of Requestor at Incident (print): _____
Resource Number of Requestor (crew or equipment): _____

Vehicle Description (year, make and model):	
Vehicle License Number:	
Vehicle Ownership (vendor name or name of Government agency):	
Telephone (vendor or Agency Office):	

Tire Size and Type:	
Number of Tires:	
Rim Required or Available?	
Acceptable Alternatives:*	
Suggested Tire Vendor (if known):	
Delivery Location at Incident:	

Date Needed: _____ Time Needed: _____

S Number:	
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VENDOR INSTRUCTIONS: Any substitutions to the above request must be approved by the requestor prior to acceptance of the order. Tires manufactured more than 3 years prior to this request shall not be acceptable.

PURCHASING CONTACT FOR INCIDENT:

Name: _____

Phone Number: _____