

REQUEST FOR SERVICES

Form: MD.OB.08

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Full name of the applicant :

TIN (Taxpayer Identification Number):

Phone/Fax:

Type of request: Services of the fire extinguishing workshop.

Preventive inspection of the fire extinguishers

Type and number:

Inspection of the dish of the fire extinguishers that use cold water pressure

Type and number:

Control of the flow capacity and the pressure in the hydrant network

Type and number:

Inspection of the hydrant hoses

Type and number:

Servicing of the fire extinguishers

Description of the malfunction:

Other:

*Realization, payment, contract, under contract etc.**

*Reviewing of the request-definition, free form **

Request reviewed by*: Date of the reviewing *:

(name) (day, month and year)

Date:	Applicant
	<div style="text-align: center;"> <p>-----</p> <p>(signature)</p> <p>-----</p> <p>(Name, function)</p> </div> <div style="text-align: right; vertical-align: middle;"> <p>Place stamp here</p> </div>
<p><i>* Representatives of MD PROJECT INSTITUTE will fill in</i></p>	