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.

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)