



# City of Palm Springs PPE Request Form

## Position Information

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Position Title: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Department: \_\_\_\_\_

Email: \_\_\_\_\_

## Requested PPE


## Reason for Request


Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please submit your completed form to [Safety@palmspringsca.gov](mailto:Safety@palmspringsca.gov)