

COSHOCTON COUNTY EMS

**REQUEST FORM FOR OFFICE
CLEANING AND OTHER SUPPLIES**

Date Ordered _____ **Station** _____ **Date Received** _____

TRASH BAGS

Kitchen _____
Units _____
Trash cans _____
Dish soap _____
Car wash _____
Paper towels _____
Large brown towels _____
Toilet paper _____
Toilet bowl cleaner _____
Toilet bowl freshener _____
Furniture polish _____
Soft scrub _____
Glass cleaner _____
Bleach _____
Disinfectant _____

OFFICE

Pens _____
Pencils _____
Markers _____
White out _____
Scotch tape _____
Paper _____
Scratch pads _____
Tissues _____

OTHER

Filters _____
Coffee _____
Tea _____
Hot Chocolate _____
Creamer _____
Sugar _____
Salt _____
Pepper _____
Ketchup _____
Mustard _____

LIGHT BULB

40 Watt _____
60 Watt _____
75 Watt _____
100 Watt _____
3 – Way _____

OTHER, ETC.

FLOURESCENT BULBS

9 Watt U _____
4 foot 40 Watt _____
8 foot 40 Watt _____
Mops, brooms, etc. _____
Liquid hand soap _____
Green scratch pads _____

WISH LIST

