Central Lyon County Fire District
Apparatus Inventory

Year_____
Apparatus No. ____
Lic. #_____

Quanity of equipment as inventoried each month												
Item, location, and property number	**January**	**February**	**March**	**April**	**May**	**June**	**July**	**August**	**September**	**October**	**November**	**December**