



City of Fort Worth
PPE Order Request

Please fill out the following form and attach necessary document to your request.

Date: _____ Requestor's Name/Title: _____

_____ Nonprofit entity with a physical address in the City of Fort Worth (must provide proof of employment and address); or

_____ Nonprofit entity with a program location in the City of Fort Worth (must provide proof of employment and program location address); or

_____ Chamber of Commerce with a physical location in the City of Fort Worth (must provide proof of employment and address); or

_____ Teachers and other staff from schools that serve the City of Fort Worth (must provide proof of employment and address); or

_____ Any Business with a permanent address in the City of Fort Worth (must provide proof of employment and address)

Quantity	Description
_____ boxes	Disposable Surgical Masks 50/box (individual boxes)
_____ cases	Disposable Surgical Masks - case (42 boxes of masks per case)
_____ each	Wish Sanitizer Refills – each Individual 33.8oz refill bags

Please include the full amount your organization can use. In the event that requests exceed stock, the City will provide as much as possible to each organization while ensuring that all organizations receive the items requested.

Please sign upon pick up:

I am from the organization listed above which qualifies for this PPE program. I am picking up the items listed above for use by the above-listed entity.

Print Name

Signature

Quantities Available (as of 07/01/2024):

- 372 boxes of individual Disposable Surgical Masks (50 masks per box)
- 151 cases of Disposable Surgical Masks (42 boxes of masks per case)
- 8 bags of Wish Hand Sanitizer Refills (33.8oz individual bags)