



Homestead Equipment Record

Equipment Type: _____

Make: _____

Model: _____

Dealer Phone #: _____

Repair Shop Phone #: _____

Fuel Type: _____

Oil Type: _____

Hydraulic Fluid Type: _____

Other: _____

Notes:

Attach Receipts
here or to the back

Date	Maintenance/Repair Completed	Next Due
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____