Appendix B

Mutual Aid Resource Request Form

Event Tracking #: Event Name:
Date: Time: Response Level: (Pre-Position, Immediate, or Delayed):
Requesting Agency:
Contact Information (Name/Phone):
Request Received By: Request Forwarded To:
Resource Requested:
Mission:
Logistical Needs (Gas, Water, Food, Lodging, etc.):
Force Protection Needs (Law, EMS, etc.):
Advance Team Needed (yes/no): IST Needed (yes/no):
Other Logistical Needs:
Apparatus Size/Weight Restrictions?
Air Resource Info: - Landing Zone Details: - Location (Coordinates): Lat: Long: - Or, Directions: - Size (Approximate): - Obstructions/Hazards: - Oxygen Resupply: - Fueling: - Hanger Specifications:
Estimated Duration of Deployment (H=Hours/D=Days):
Staging Location:
Reporting To:
On Scene Date/Time Requested:
Communications:
Resource(s) Coming From (Department(s) and Apparatus ID) (Attach ICS 204):

Name for Resource Contact:		Phone for Resource Contact:
Time En Route:	Estimated Time of Arrival:	Time on Scene (or Staging):
Demobilization Date/Time:		Departure Date/Time:
Reassigned To (if applicable):		
New Mission (if applicable):		
Time En Route:	Estimated Time of Arrival:	Time on Scene (or Staging):
Demobilization Date/Time:		Departure Date/Time:
NOTES:		
Distribution: Requesting Department Name: Attention: Responding Department Name: Attention:		Fax/Email: Fax/Email:
Mission Verified By: **Mutual Aid Coordinator:** **Signature:** **Date/Time:**		
Assigned Mission Number:		