

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: <ul style="list-style-type: none">- Landing Zone Details:<ul style="list-style-type: none">- 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:		Fax/Email:	
Responding Department Name:			
Attention:		Fax/Email:	
Mission Verified By:			
Mutual Aid Coordinator:			
Signature:			
Date/Time:			
Assigned Mission Number:			