



WESTMORELAND COUNTY RESOURCE REQUEST FORM
Region13/ County Equipment [circle one]

Part I		Requesting Agency Contact Information (To be completed by Requesting Entity)	
Date:	Time:	Event:	
Mission Priority:	<input type="checkbox"/> Lifesaving	<input type="checkbox"/> Life Sustaining	<input type="checkbox"/> Incident Stabilization <input type="checkbox"/> Property Conservation
Requestor's Name:		Title:	
Requestor's Organization:			
Phone #:		Mobile #:	Fax #:
Email Address:			
Requesting Entity Signature: (Phone, Text, Email)			
Part II		Requested Resource(s) (To be completed by Requesting Entity)	
Date(s) and Time:		Municipality:	
Description of Requested Assistance/Resources Required (must include what is to be accomplished, for what purpose):			
Quantity:	Detailed Resource Requested (include resource Type/Kind): Provide details on setup/transport, fuel, meals, operator(s), water, maintenance, lodging, power, etc:		
	1)		
	2)		
	3)		
Address Where Resources will be located (include municipality, city, state and zip):			
Delivery Site POC (Point of Contact):		24-hour phone for POC:	
Statement of Situation (include private, local, county, or state resources already in use and mutual aid):			
Part III		Public Safety Director Review	
Received: Date and Time:		Status: (indicate approved or denied) APPROVED DENIED	Date and Time:
Augmenting Justification/Comments:			
Public Safety Director Signature:			
Part IV		LOGISTICS Chief Review	
Received: Date and Time:		Status: (indicate approved or denied) APPROVED DENIED	Date and Time:
Logistics Chief Signature:		CAD Incident Number:	KC Incident Number: