

**PRINCE WILLIAM COUNTY EOC RESOURCE REQUEST FORM | Tracking # M-**

A. REQUEST FOR ASSISTANCE		ALL 9 FIELDS REQUIRED – Use “UNK” if unknown or “N/A” if not applicable.		
1. Requestor's Name (please print)		2. Title		3. Section / Branch / ESF
4. Requestor's Dept. or Organization		5. Phone # (10 digit)	6. Email Address	
7. Description in plain language (NO acronyms). Consumable / Reusable Equipment or Personnel should be in <u>CSALTT</u> format!				
<b>What are you requesting?</b>				
<b>C</b> -Capability				
	<b>S</b> -Size			
<b>A</b> -Amount				
<b>L</b> -Location	Delivery Site Location (Address, City, Zip)		Site Point of Contact - Name and Title	
	Delivery Site Geolocation ( <input type="checkbox"/> USNG or <input type="checkbox"/> Decimal Degrees)		Site 24 Hour Phone #	Site Radio Talkgroup
<b>T</b> -Type	Tier I/II Resource Typing (if known)			
<b>T</b> -Time	Date & Time Needed By		Estimated Duration of Need (days)	
8. Priority	<input type="checkbox"/> Lifesaving (Human) <input type="checkbox"/> Life Sustaining <input type="checkbox"/> High <input type="checkbox"/> Normal			9. Date & Time Form Completed

B. EOC OPERATIONS SECTION REVIEW				
Branch Review (Name & Branch)				Date & Time
Recommended Action				
Operations Chief Review (Name)				Date & Time
<b>ROUTING</b>	<input type="checkbox"/> PWC Direct Support _____		<input type="checkbox"/> Procurement	<input type="checkbox"/> State / Mutual Aid
Mission Controller Name, Date, Time			Checked for Duplicates?	
<b>PWC EOC Mission Number</b>		<b>Event Name</b>		

C. EOC ROUTING		
<b>DIRECT SUPPORT</b>	<b>PROCUREMENT</b>	<b>STATE / MUTUAL AID</b>
Assignment to Section / Branch / ESF:	Ascend PO or P-Card Name last 4 #:	VDEM WebEOC Mission #:

D. RESOURCE IDENTIFICATION			
Resource Description			
Point of Contact Name		24 Hour Phone (10 Digit)	
Delivery Location	<input type="checkbox"/> As Requested (Part A) <input type="checkbox"/> Other:		
Anticipated Arrival (Date & Time)			Provider Tracking #

E. RESOURCE UNIT TRACKING AND MISSION DISPOSITION			
STATUS	DATE	TIME	BY (NAME)
Resource provider is <b>MOBILIZING</b>			
Resource(s) are <b>IN ROUTE</b> to location			
Resource(s) have <b>ARRIVED</b> at location			
Resource(s) are <b>DEMOBILIZING</b>			
Mission <b>COMPLETE</b>			
Mission is <b>ON HOLD</b> or <b>CANCELLED</b>			
Notes:			