



ALLEGHENY COUNTY
DEPARTMENT OF EMERGENCY SERVICES

RESOURCE REQUEST FORM
150 Hookstown Grade Road, Coraopolis, PA 15108

Part I		Requesting Agency Contact Information (To be completed by Requesting Entity)		
Date:		Time:		Event:
Mission Priority: <input type="checkbox"/> FLASH (immediate) <input type="checkbox"/> High (<6 hr.) <input type="checkbox"/> Medium (<12 hrs.) <input type="checkbox"/> LOW (24+ hrs.)				
Requestor's Name:			Title:	
Requestor's Organization:				
Phone #:		Mobile #:		Fax #:
Email Address:				
Requesting Entity Signature:				Check this box if the request is for a planned event
Part II		Requested Resource(s) (To be completed by Requesting Entity)		
Date(s) and Time:			Municipality:	
Description of Requested Assistance/Resources Required (<i>must include what is to be accomplished, for what purpose</i>):				
Quantity:		Detailed Resource Requested (include resource Type/Kind): <i>Provide details on setup/transport, fuel, meals, operator(s), water, maintenance, lodging, power, etc:</i>		
1)				
2)				
3)				
Delivery Site POC (Point of Contact):			Title:	
Requestor's Organization:				
Address Where Resources will be located (<i>include facility name, street, city, state and zip</i>):				
County: Allegheny			Municipality:	
24 hour Phone #:		Mobile #:		Fax #:
Email Address:				
Part III		Staff Review (To be completed by an EMA Division Staff Member)		
Received: Date and Time:		Reviewed: Date and Time:		Forwarded Div. Mgr.: Date & Time:
Augmenting Justification/Comments:				
Part IV		Manager Review (To be completed by EMA Division Manager)		
Received: Date and Time:		Reviewed: Date and Time:		Entered KC: Date and Time:
ACES EMA Division Manager Signature:			KC Event Number:	
Assigned To:				

E-mail Resource Request Forms to:
Richard.Colella@AlleghenyCounty.us AND Michael.Spurr@AlleghenyCounty.us