

Lewis County Emergency Operations Center (EOC)

351 NW. North Street, Chehalis, WA 98532 DEM@lewiscountywa.gov Phone: (360) 740-1151

Resource Request Form

**Order Date**:

**I. Authorization Section**

The Agency is hereby requesting the following resources be submitted by the Lewis County Emergency Operations Center (EOC) to the State Emergency Management Division. We certify the answers to the following questions are accurate:

[ ]  Yes [ ]  No All local resources have been exhausted or are predicted to be exhausted in the near future.

[ ]  Yes [ ]  No Mutual Aid has been exhausted or is predicted to be exhausted in the near future.

[ ]  Yes [ ]  No All commercial resources have been exhausted or are predicted to be exhausted in the near future.

If the answer to any of the above questions are “No”, stop here. Resources may not be requested until all your resources have been or are about to be exhausted. If the above answers are “Yes”, proceed:

[ ]  Yes [ ]  No Is the requesting jurisdiction/agency willing to pay for the assistance?

If the answer is “Yes”, obtain authorization signature of official making payment:

I hereby acknowledge my agency is responsible to pay for the requested resources listed below, including shipping, handling charges.

 Signature Printed Name/Title Date

**II. Delivery Section**

|  |  |
| --- | --- |
| Delivery Location Name: |  |
| Location Address (street, city, zip): |  |
| On-site Point of Contract (POC): |  |
| POC Phone Number: |  |
| POC Email: |  |

**III. Submission Instructions**

Complete all items in Section I and II, above. Fill in specifics in Section IV and V, on Page 2. If additional space is need, just add more pages. Email form to: DEM@lewiscountywa.gov.

**IV. Resource(s) Requested**:

|  |  |  |  |
| --- | --- | --- | --- |
| **Item** **# 1** | **Quantity** | **Resource Requested**: one-word description (i.e., “Generator”) | **Detailed Description**: |
| **Size/Type** |
| **Item** **# 2** | **Quantity** | **Resource Requested**: one-word description (i.e., “Generator”) | **Detailed Description**: |
| **Size/Type** |
| **Item** **# 3** | **Quantity** | **Resource Requested**: one-word description (i.e., “Generator”) | **Detailed Description**: |
| **Size/Type** |
| **Item** **# 4** | **Quantity** | **Resource Requested**: one-word description (i.e., “Generator”) | **Detailed Description**: |
| **Size/Type** |

**V. Resource(s) Conservation – please complete the following**:

How many days of requested PPE do you currently have:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Description of steps taken to obtain requested resources prior to this request (i.e., contacting vendors, Chamber of Commerce, and other efforts):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_