

Santa Barbara County CAER

MUTUAL AID REQUEST FORM

Fill this form out when receiving a request for Mutual Aid. If copies are needed, utilize copy machine.

1. Date: _____ Time: _____

2. Requestor: Name: _____

Company: _____

Member (?): **Y / N**

Address: _____

Phone: _____ Fax: _____

Have industrial radio? **Y / N** Exhausted internal resources? **Y / N**

3. Type and location of incident: _____

4. Resource Requested:

Type: _____

Quantity: _____

Training level needed: (if Personnel requested): _____

5. Time frame resource needed by: _____

6. Estimated length of time needed: _____

7. Respond to (location): _____

8. Report to: _____

9. Resource request **Filled / Not Filled**

10. Time resource dispatched: _____ am / pm

11. Person delivering resource: _____

12. Actual resources sent (type & quantity): _____

13. County OES contacted? **Y / N** Name: _____ Phone: _____

14. By (your name): _____ Date & Time: _____ Phone: _____