STATE OF CALIFORNIA
GOVERNOR'S OFFICE OF EMERGENCY SERVICES
RESPONSE DOCUMENTATION DIVISION

# Cal EOC Offline Resource Request Form

**Cal EOC Mission Input**

Incident Name:                      Date Received:

Mission Number:                     Task Number:

## Request Details

| | |
|---|---|
| Operational Area | |
| Request Summary | |
| Suggested Source | |
| Date/Time Required | |
| Date/Time Required Until | |
| Priority | |
| Attachments (Y/N) | |

### Attachment Description (insert more rows for additional attachments)

| | |
|---|---|
| Attachment 1 | |
| Attachment 2 | |
| Attachment 3 | |

### Requesting Point of Contact

| | |
|---|---|
| Name | |
| Agency | |
| Phone Number | |
| Alternate Phone Number | |

### Resource Request Information

| | |
|---|---|
| Resource Needed | |
| Resource Coordinator Category | |
| Detailed Resource Description | |
| Quantity Requested | |
| Unit of Measure | |
| Size of Resource | |
| Operator Required | |
| Fuel Required | |
| Fuel Type (if required) | |
| Other Items Required | |

**Resource Delivery Location**

| | |
|---|---|
| Street Address | |
| Site Type (campus, shelter, etc.) | |
| Site Name | |
| Special Instructions | |

**Delivery Point of Contact Information**

| | |
|---|---|
| Name | |
| Agency | |
| Phone Number | |
| Alternate Phone Number | |

**Cal OES POC Receiving Resource Request**

| | |
|---|---|
| Print Name | |
| ICS Section | |
| Phone Number | |
| Alternate Phone Number | |

REQUESTOR                                                                    REQUEST APPROVER

_____                        _____
Signature                        Date                              Signature                        Date

OPERATIONS SECTION CHIEF APPROVAL *(if appropriate)*

_____
Signature                        Date

Notes: