

RESOURCE REQUEST MESSAGE ICS-213RR TX

Fax to # ()

Note to Requestor: fill in all shaded areas for expedited service

INCIDENT NAME:	DATE & TIME:	FORM REQUEST #:
COUNTY / MOC TRACKING #:	CITY / HOSPITAL TRACKING #:	DDC TRACKING #:

ORDER NOTES: Use additional forms when requesting different resource sources of supply

Qty.	Item [†]	Unit ^{††}	Detailed Item Description (kind, type, vital characteristics, brand, spec, size, etc.) BE DESCRIPTIVE	Cost (if known)	Demob Item? ^{†††}

[†] Item Name ^{††} Unit of Measure: (case, ea, pallet, etc) ^{†††} Demob: Will the item need to be included in Demobilization?

***Purpose for Request (REQUIRED):**

***Point of Contact Name:** ***Point of Contact Telephone #:** ***Facility Name:**

***Physical Address:** ***City:** ***County:** ***State:** ***Zip**

***Requested by (Name & Position):** ***Requestor Telephone #:** ***Requestor E-Mail:** ***Priority:**

Supervisor Signature/ Approval: **X** **Date:** **Time:**

Supervisor Notes:

Section Chief Signature/ Approval: **X** **Date:** **Time:**

Section Chief Notes:

Request filled by: Local MACC/MOC PHR DDC SOC

Route to: Logs Finance Requestor Documentation

Additional Notes/ Details:

Requestor fills out items in yellow and keeps copy; each branch or section fills out their listed portion and keeps copy. This document, when used in conjunction with a unique WebEOC user account, can be considered an electronically signed copy.