**Attachment 1**

**PART I: REQUEST FOR ASSISTANCE**

|  |  |
| --- | --- |
| Emergency or disaster event: |  |
| Requesting Party: |  |

1. General description of the event: (Attach latest local Situation Report or summarize briefly).
2. Identification of the emergency services function(s) for which assistance is needed (e.g., fire, emergency medical, transportation, communications, mass care, resource support, search and rescue, etc.) and the particular type of assistance.

1. The amount and type of personnel, equipment, materials, and supplies needed and a reasonable estimate of the length of time they will be needed.
2. Identify the Requesting Party’s representative or point-of-contact.

|  |  |
| --- | --- |
| Authorized Requesting Party Official: |  |
| Title: |  |
| Date: |  |

**Attachment 1**

**PART II: ASSISTANCE TO BE PROVIDED**

Assisting Party: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The request for assistance from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has been received.

(Check one box only)

 Assistance can be/or was provided as follows:

1. Personnel: (List of primary point-of-contact/team leader and all personnel. Include title and position)
2. Equipment:
3. Place of arrival:
4. Estimated Date and Time of Arrival:
5. Estimated Date and Time of Departure:
6. The above terms and information have been coordinated with the Requesting Party’s point-of-contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Assistance cannot be provided at this time. Briefly explain why.

|  |  |
| --- | --- |
| Authorized Requesting Party Official: |  |
| Title: |  |
| Date: |  |

**Attachment 1**

**PART II: ASSISTANCE TO BE PROVIDED – CONTINUATION**

**(OPTIONAL)**

**PART III: REQUESTING PARTY’S APPROVAL**

Assistance in accordance with the Alamo Area Emergency Services Mutual Aid Agreement and the terms and conditions of this agreement is hereby acknowledged.

|  |  |
| --- | --- |
| Authorized Requesting Party Official: |  |
| Title: |  |
| Date: |  |