

Androscoggin County ICS 213 RR

Requestor	Requestor Name/Organization:			Requestor Phone/Email:		
	Resource Details					
	Resource	Qty	Unit	Detailed Item Description		
Delivery Location/Address:						
Coordinating Instructions:						
Primary POC Name:			Email:			
Primary POC Phone			Alternate Phone			
Secondary POC Name:			Email:			
Secondary POC Phone			Alternate Phone			
Submitted By (Name):						
Date:			Time:			
FOR INTERNAL USE ONLY:						
Incident/Facility Name: COVID-19 Response						
Date:		Time:		15. Resource Req #:		
EOC POC Name/Phone/Email:						
Approver Name:			Date:		Time:	
Request Accepted		Request Rejected		Date:		
Reason/Justification:						

Logistics or Command	FOR INTERNAL USE ONLY:					
	Incident/Facility Name: COVID-19 Response					
	Date:		Time:		15. Resource Req #:	
	EOC POC Name/Phone/Email:					
	Approver Name:			Date:		Time:
	Request Accepted		Request Rejected		Date:	
Reason/Justification:						