Resource Request 1.1		Veoci: 20250715 DOC: 20260503
Radio Operator Only:	**1. Origin Msg #:**	**2. Destination. Msg #:**

Resource Request

This Section to be Completed by Jurisdiction Personnel: (Underlined=Required)

3. Date:	**4. Time:**	**5. Handling:** ○ **Immediate** (ASAP) ○ **Priority** (<1 hr) ○ **Routine** (<2 hr)

TO	**6. ICS Position:**	**FROM**	**10. ICS Position:**
	7. Location:		**11. Location:**
	8. Name:		**12. Name:**
	9. Contact Info:		**13. Contact Info:**

Resource Order

21. Title:	
22. Requesting Agency:	
23. Date:	**24. Time:**

Item 1	**31a. Item Name:**	**31b. Quantity Requested:**
	31c. Description:	
	31d. Includes Items for Demobilization? ○ **Yes** ○ **No**	
Item 2	**32a. Item Name:**	**32b. Quantity Requested:**
	32c. Description:	
	32d. Includes Items for Demobilization? ○ **Yes** ○ **No**	
Item 3	**33a. Item Name:**	**33b. Quantity Requested:**
	33c. Description:	
	33d. Includes Items for Demobilization? ○ **Yes** ○ **No**	
Item 4	**34a. Item Name:**	**34b. Quantity Requested:**
	34c. Description:	
	34d. Includes Items for Demobilization? ○ **Yes** ○ **No**	
Item 5	**35a. Item Name:**	**35b. Quantity Requested:**
	35c. Description:	
	35d. Includes Items for Demobilization? ○ **Yes** ○ **No**	
Item 6	**36a. Item Name:**	**36b. Quantity Requested:**
	36c. Description:	
	36d. Includes Items for Demobilization? ○ **Yes** ○ **No**	

Priority

41. Priority: (Pick One)
- ○ **a. Urgent (As soon as possible)**
- ○ **b. High (within 24 hours)**
- ○ **c. Medium (1 - 2 days)**
- ○ **d. Low (2 – 3 days)**

Requested By Details

51. Requested By Name:	**52. Signature:** with signature ☐
53. Requested By Phone:	**54. Requested By Email:**
55. Requested By Position:	

Incident Details

61. Name of the Jurisdiction's Incident:

62. Name of the County Incident:

Comments

Radio Operator Only:				
Relay:	**Rcvd:**		**Sent:**	
Name:		**Call Sign:**	**Date:**	**Time** (24hr)**:**

SCCo ARES/RACES

Instructions: Resource Request

Purpose: This Resource Request form is used to request items that cannot be fulfilled in the current jurisdiction or site.

Instructions for Jurisdictions (only some fields documented here)**:**

<table>
<tr><th>Field</th><th>Instructions</th></tr>
<tr><td>Date / Time</td><td>Required. Enter the date and time created. Use 24-hour time.</td></tr>
<tr><td>Handling</td><td>Required. Select one. Messages are sent in priority order and as soon as possible. Indicated times are approximate maximum wait times if radio net is busy.</td></tr>
<tr><td>TO / FROM</td><td>If needed, radio operator can suggest most appropriate TO position and location.</td></tr>
<tr><td>ICS Position/Location</td><td>Required. Enter the ICS position name and location.</td></tr>
<tr><td>Name</td><td>Optional. Enter only if the message is to a specific individual.</td></tr>
<tr><td>Contact Info</td><td>Optional. Enter a phone number, frequency or other contact info.</td></tr>
<tr><td>Title</td><td>Required. A descriptive description of this entire request. This should reflect your jurisdiction or site plus an overarching description of the items requested. Such as: “City of Sun Park – 2 bulldozers” or “Sunny Oaks Shelter #1: Cots, hygiene kits, and charging stations”</td></tr>
<tr><td>Requesting Agency</td><td>Required. Enter the name of the municipality, hospital, county department, or other agency.</td></tr>
<tr><td>Date/Time</td><td>Required. Enter the date and time of this form creation. Use 24-hour time.</td></tr>
<tr><td>Item(s)</td><td>Required (minimum 1 item). Ensure that each item is a singular item. For instance, a bulldozer with operator and diesel will contain three items in the Resource Request:
Item 1: Track Dozer, Type III, such as: D6N
Item 2: 79 gallons diesel (onboard), plus an additional 200 gallons
Item 3: Qualified operator for three days of 12-hour shifts
<table>
<tr><td>Item Name</td><td>Name of the item</td></tr>
<tr><td>Quantity Requested</td><td>The number requested. Ensure you are descriptive enough (“n pallets” or “nn boxes” may or may not convey the requested quantity)</td></tr>
<tr><td>Description</td><td>Gives enough detail to ensure the requested item is clear.</td></tr>
<tr><td>Includes Items for Demobilization?</td><td>Identifies items that are inventoried and expected to be returned.</td></tr>
</table></td></tr>
<tr><td>Priority</td><td>Required. How quickly do you require these supplies.</td></tr>
<tr><td>Requested By Details</td><td>Required. All fields (name, signature, phone, email, and requesting party’s position/title) are required.</td></tr>
<tr><td>Name of the Jurisdiction’s incident</td><td>Please enter the name of the Jurisdiction’s incident (if known).</td></tr>
<tr><td>Name of the County Incident:</td><td>Please enter the name of the County incident (if known).</td></tr>
<tr><td>Comments</td><td>Please type in any other necessary information. Such as: ramp needed, for access, please call, only accept deliveries between 10 and 12, etc.</td></tr>
</table>

Instructions for Radio Operators: (see other forms for this section)