

**State of Nevada  
NDEM/SEOC Resource  
Request Form**

Incident #

Resource Order #

Originated as verbal

**I. REQUESTING ASSISTANCE (To be completed by Requestor or Logistics)**

1. Date & Time Request Initiated:

2. Requestor's Name (Please Print)

3. Contact Number:

4. E-Mail:

5. Requestor's Organization:

**II. REQUESTING ASSISTANCE (To be completed by Requestor)**

Resources

Technical Assistance

Other

1. Description of capability or resource needed: (Be as specific as possible. Include the Who, What, When, Where and Why of the request.)

2. Size:

3. Amount:

4. Location:

5. Time/Date Needed:

6. Priority:

Lifesaving

Life Sustaining

High

Normal

7. Site Point of Contact(POC):

8. 24 Hour Phone #:

Logistics Review By: \_\_\_\_\_

**III. SOURCING THE REQUEST (To be completed by Operations)**

1. Sourced To:

Internal/Logistics

Requisitions/PO

ESF

Federal Asset

Other

2. Assigned To:

ESF

ESF

Other

Other

Operations Review By: \_\_\_\_\_

**IV. RESOURCE ESTIMATED COST (To be completed by assigned ESF)**

1. Estimated Cost:

2. Estimated Time of Departure  
from home base:

3. Estimated Time of  
Arrival at staging area:

**V. SEOC MANAGER/FINANCE APPROVAL**

SEOC Manager

Approved

Rejected

If Rejected,  
why?

SEOC Manager Signature:

Finance Manager Signature:

**VI. RESOURCE DETAILS (To be completed by assigned ESF)**

Details of sourced request: (Who, What, When & Where of how the request will be filled)

Requestor Notified of Request Fulfillment & Delivery Information

Initials: \_\_\_\_\_

**VII. RESOURCE RELEASE INFORMATION (ESF/NDEM Use Only)**

Released By: (Name & Organization)

Estimated Time of Departure from Incident:

Estimated Time of Arrival at Home Base:

Final Review (NDEM):