|  |
| --- |
| **RESOURCE REQUEST FORM** |
| **Information Required** | **Request Details** |
| **Requesting council details** (Council name, contact person and contact details) |  |
| **Authorising person** (CEO or their delegate - eg MEM, MERO, MRM) |  |
| **Incident Name / Type** |  |
| **What is affected / relevant impacts?** (Council asset, community asset) |  |
| **What resource(s) are required?** (Personnel, equipment etc.) |  |
| **Where resource(s) are required?** (MECC, Emergency Relief Centre, Marshalling Point, emergency-affected area) |  |
| **How resources will be used?** (Staffing, outreach, impact assessment, Council operations) |  |
| **Special qualifications / specifications /accreditations / limitations /experience relevant to the resource / equipment** (particular role, EHO) |  |
| **Health and safety risks** |   |
| **Request urgency** (e.g. immediately, next working day, next week) |  |
| **Length of time resource(s) is/are required (consider travel times)** |  |
| **Address and time resource(s) are to be dispatched** |  |
| **Onsite contact for resources** (Council contact name, role and contact details) |  |
| **Where appropriate, confirm how costs will be reimbursed to provider** |  |
| **Request Received by** |
| **Officer Name** | **Title** | **Email** | **Contact Number** | **Request Date** |
|  |  |  |  |  |