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| **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** |
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