



Disaster Assistance Request Form

| Jurisdiction/County Information | |
|---|--|
| Jurisdiction/County Requesting assistance: | |
| E-mail: | |
| Department: | |
| Phone: | |
| Fax: | |
| Mailing address: | |
| | |
| | |
| Billing address: | |
| | |
| | |
| Primary Contact #1: | |
| Contact #2: | |
| Assistance Requested | |
| Destination/Location of Disaster or EOC: | |
| Departure date and time: | |
| Return date and time: | |
| How many staff are requested to help? | |
| What hours will the staff work? | |
| What types of tasks will need to be completed by the staff? | |
| Who does the staff report to when they arrive? | |
| Where does the staff park? | |
| Required Management Approvals | |

For NCTCOG Official Use Only:

| | |
|--|--|
| Number of Staff Sent: _____ Amt. of Time Approved: _____ Staff Sent: _____ Project Code: _____ Comments: _____ _____ _____ | <hr style="border: 0.5px solid black;"/> <div style="display: flex; justify-content: space-between;"> NCTCOG EP Director or Manager, Approving Request date </div> <hr style="border: 0.5px solid black;"/> <div style="display: flex; justify-content: space-between;"> Signature Line of County or Jurisdiction Requesting Assistance date </div> |
|--|--|