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| Date Submitted to HMCC: | | HMCC 213A - Equipment Request Form | | | | | | Page 1 of 1 Version 4.26.2021 |
| I. REQUESTING AGENCY POINT OF CONTACT - Please Type all Answers | | | | | | | | |
| 1. Requestor’s Name (Please Print) | | | 2. Title | | | | 3. Requestor’s Phone No. | |
| 4. Requestor’s Organization | | | | | 5. Requestor’s E-Mail Address | | | |
| II. REQUEST SPECIFICS - Please Type all Answers | | | | | | | | |
| 7. Order (Please complete all fields) | | | | | | | | |
| Item | Qty. | Start Date | | End Date | | Event Type | | |
| Trailer |  |  | |  | |  | | |
| 13’ x 26’ Enclosed Drive Thru Kit |  |  | |  | |  | | |
| LED Light Kit |  |  | |  | |  | | |
| Electric Heating Unit |  |  | |  | |  | | |
| 8,000W Generator |  |  | |  | |  | | |
| 4-Drawers and table medical organizer |  |  | |  | |  | | |
| Inflatable lights with tow hitch |  |  | |  | |  | | |
| 10x10 Canopy Tent |  |  | |  | |  | | |
| 8.Have you confirm that local stock, existing vendor resources, and local mutual aid agreements are unable to fill request? | | | | | | | | |
| 9. If a facility is part of a system, that facility will look system-wide first to fill a resource need? | | | | | | | | |
| 10.FOR HMCC DUTY OFFICER ONLY: Has requesting party submitted signed Subscription Form? Yes [ ] No [ ] Has requesting party submitted signed Loan Agreement? Yes [ ] NO [ ] | | | | | | | | |