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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 [ ] |