

Date Submitted to HMCC:		Region 3 HMCC - Equipment Cache Request Form			Page 1 of 1 Version 12.15.2021	
I. REQUESTING ELIGIBLE PARTY (REP) 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						
Item	Qty.	Date Needed	Return Date	Event Type		
Trailer						
13' x 26' Enclosed Drive Thru Tent Kit						
LED Light Kit						
Electric Heating Unit						
8,000W Generator						
4-Drawers and Table Medical Organizer						
Inflatable Lights with Tow Hitch						
10x10 Canopy Tent						



6. Have you confirmed that local stock, existing vendor resources, and local mutual aid agreements are unable to fill this request?

7. If your facility is part of a system, have you looked system-wide to fill this need?

FOR HMCC DUTY OFFICER ONLY: Has the requesting party submitted a signed Subscription Agreement? Yes [] No []