

The STAR may be used for any resource request at any level.

# State of Texas Assistance Request (STAR)

(Latest Version as of 04/12)

Incident Name: *		Initial Request Date / Time: *		Requesting County:	Request #:
Is this RR Tied to Another Request?			Other Tracking Numbers:		
Requested Item Description					
Qty	Unit	Item Name	Detailed Item Description: <small>(kind, type, characteristics, brand, specs, size, etc.)</small>	Cost	Demob Item?
*	*	*	*		
Justification / Purpose for Request:  *					
When is this Resource Needed? *			Estimated Timeframe of Need (how long will you need this resource?) *		
Delivery Information					
Waypoint Information					
Point of Contact (POC) Name: *		POC Telephone Number: *		Facility Name: *	Facility Zip:
Facility Address: *			Facility City:	Facility State:	
Additional Instructions:					
Final Destination					
Point of Contact (POC) Name: *		POC Telephone Number: *		Facility Name: *	Facility Zip:
Facility Address:			Facility City:	Facility State:	
Additional Instructions:					
Requestor Information					
Requested by Position (Name): *		Requestor Email: *		Requestor Phone Number: *	
Requestor Signature:			Date / Time:		

<b>Updating Agency:</b> *	
<b>POC Name / Position:</b> *  <b>Phone:</b> *  <b>Email:</b> *	<b>Qty Filled:</b> *  <b>ETA:</b> *  <b>Est. Cost:</b> *
1 Provider Notes:	
Agency Approver Signature:	Date / Time:

<b>Updating Agency:</b>	
<b>POC Name / Position:</b>  <b>Phone:</b>  <b>Email:</b>	<b>Qty Filled:</b>  <b>ETA:</b>  <b>Est. Cost:</b>
2 Provider Notes:	
Agency Approver Signature:	Date / Time:

**State of Texas Assistance Request - Continuation Page****(Latest Version as of 04/12)**

Incident Name: <b>*</b>	Initial Request Date / Time: <b>*</b>	Requesting County:	Request #:
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<b>Updating Agency:</b>			
<b>F L L</b>	<b>POC Name / Position:</b>		<b>Qty Filled:</b>
	<b>Phone:</b>		<b>ETA:</b>
	<b>Email:</b>		<b>Est. Cost:</b>
3 Provider Notes:			
Agency Approver Signature:			Date / Time:

<b>Updating Agency:</b>			
<b>F L L</b>	<b>POC Name / Position:</b>		<b>Qty Filled:</b>
	<b>Phone:</b>		<b>ETA:</b>
	<b>Email:</b>		<b>Est. Cost:</b>
4 Provider Notes:			
Agency Approver Signature:			Date / Time:

<b>Updating Agency:</b>			
<b>F L L</b>	<b>POC Name / Position:</b>		<b>Qty Filled:</b>
	<b>Phone:</b>		<b>ETA:</b>
	<b>Email:</b>		<b>Est. Cost:</b>
5 Provider Notes:			
Agency Approver Signature:			Date / Time:

<b>Additional Notes:</b> <b>*</b>
<p>In responding to disasters, an affected entity is expected to use its own resources and the resources available through mutual aid before requesting assistance from the tier above. If a resource request cannot be filled at your tier via existing resources or mutual aid, request assistance from the tier above.</p>