The STAF	R may be us	sed for any	resource re	equest at a	any level.					
								(Latest Version as of 04/12)		
Incident Name:	:		Initial Request [Date / Time:		Requestir	ng County:	Request #:		
	to Another Requ	est?	^		Other Tracking	Numbers:				
	to rate and requ				o the masking	Tumbere.				
Requested Item				Dotailed Item	Description:					
Qty	Unit	Item	Name	Detailed Item (kind, type, character	eristics, brand, specs, si	ize, etc.)		Cost	Demob Item?	
* * *			*							
	Purpose for Reque									
*										
	esource Needed?	,			Estimated Time	frame of N	leed (how long w	ill you need this resou	Irce?)	
*					*		lood (not long i	in you nood the roood		
Delivery Informa Waypoint Inform										
Point of Contac	ct (POC) Name:		POC Telephone	Number:	Facility Name:			Facility Zip:		
*			*	*		*				
Facility Addres	s:			F		Facility City:		Facility State:		
Additional Instr	uctions:				-14					
Final Destination	1									
Point of Contac	ct (POC) Name:		POC Telephone	Number:	Facility Name:			Facility Zip:		
	201		*	*		*		Essility Otata		
Facility Addres	S:				Facility City:			Facility State:		
Additional Instr	uctions:									
Requestor Inform										
	Position (Name):			Requestor Em	nail:		Requestor	Phone Number:		
★ Requestor Sigr	nature:			*		Date / Tin				
riequeeter eigi										
	Agency: 👃									
opuaning	Agency. 🗶									
BOC Nama	/ Position: ★						Oty Filled	ملد		
POC Name	•••				Qty Filled: ★			••		
F Phone: ★							ETA: ★			
F Phone: ★					Eat			set. sle		
							Est. Cost: 🜟			
1 Provider No	tes:									
Agency App	rover Signature:							Date / Time:		
Updating	Agency:									
POC Name				Qty Filled:						
F Phone:							ETA:			
ETA:										
Email: Est. Cost:										
2 Provider Notes:										
Agency App	rover Signature:							Date / Time:		

State of Texas As	sistance Request - Continuati			est Version as of 04/12)				
Incident Name:	Initial Request Date / Time:		ng County:	Request #:				
*	*							
Updating Agency:	1			1 29				
opuaning Agency:								
POC Name / Position:			Qty Filled:					
Phone:			ETA:					
F Phone: I L Email:								
Email:			Est. Cost:					
3 Provider Notes:			1					
Agency Approver Signature:			D	ate / Time:				
Updating Agency:			· · · ·					
oputing Ageney.								
POC Name / Position:			Qty Filled:					
5 Dhamaa			FTA					
F Phone: I L L Email:			ETA:					
L								
Email:			Est. Cost:					
4 Provider Notes:			1					
Agency Approver Signature:			D	ate / Time:				
Updating Agency:								
- p			v					
POC Name / Position:			Qty Filled:					
F Phone:			ETA:					
F Phone: I L L Email:			EIA:					
L Environ			5.1.0					
Email:			Est. Cost:					
5 Provider Notes:								
A 0'								
Agency Approver Signature:				ate / Time:				
Additional Notes: 🙀								
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In respondin	ng to disasters an affected entity is	sexpected to us	e its own reso	purces and the				
the second se	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,							
		er via existility le		ulual alu,				
request assi	stance from the tier above.							