

## EMSI EMSOF REQUEST TRACKING FORM

County Coordinator: Staple completed form on top of Equipment Request Form, then submit packet to EMSI.

### REQUEST IDENTIFICATION BLOCK

County: \_\_\_\_\_

Service name: \_\_\_\_\_


Brief unique description of request: \_\_\_\_\_

### RECOMMENDATION BLOCK

#### County Coordinator Disposition

☐  FAVOR ☐  OPPOSE

If opposed, choose most appropriate reason:

- ☐ Insufficient funds
- ☐ Outside of funding priorities
- ☐ Outside of regional / state development plan
- ☐ Request received after deadline 

Whose deadline? ☐ County ☐ Region ☐ State


When received? \_\_\_\_\_

County Coordinator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Regional Disposition

☐  FAVOR ☐  OPPOSE

If opposed, choose most appropriate reason:

- ☐ Insufficient funds
- ☐ Outside of funding priorities
- ☐ Outside of regional / state development plan
- ☐ Request received after deadline 

Whose deadline? ☐ Region ☐ State

When received? \_\_\_\_\_

Regional Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_