

# Santa Clara County RACES -- Mutual Aid Request

Version: 20220129, fillable 3/29/22

Radio Operator Only:	Origin Msg #:	<input type="text"/>	Destination Msg #:	<input type="text"/>
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**This Section to be Completed by Requesting Agency:** (Underlined=Required)

<b>Date:</b> <input type="text"/>		<b>Time:</b> <input type="text"/>		<b>Handling</b> (✓one):		<input type="radio"/> Immediate (ASAP) <input type="radio"/> Priority (< 1hr) <input type="radio"/> Routine (< 2hr)	
<b>T O</b>	<b>ICS Position:</b>	<input type="text"/>			<b>F R O M</b>	<b>ICS Position:</b>	<input type="text"/>
	<b>Location:</b>	<input type="text"/>				<b>Location:</b>	<input type="text"/>
	<b>Name:</b>	<input type="text"/>				<b>Name:</b>	<input type="text"/>
	<b>Contact Info:</b>	<input type="text"/>				<b>Contact Info:</b>	<input type="text"/>
<b>Agency</b>		Name: <input type="text"/>					
<b>Event/Incident</b>		Name: <input type="text"/>				Nbr: <input type="text"/>	
<b>Assignment</b> (General duties, conditions, equipment, shift times)		<input type="text"/>					
<b>Amateur Radio Resources Requested</b>		<b>Qty</b>	<b>Role/Position</b>			<b>Preferred Type</b>	<b>Minimum Type</b>
		<input type="text"/>	<input type="text"/>			<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>			<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>			<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>			<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>			<input type="text"/>	<input type="text"/>
<b>Requested Arrival</b>		Date(s): <input type="text"/>			Time(s): <input type="text"/>		
<b>Needed Until</b>		Date(s): <input type="text"/>			Time(s): <input type="text"/>		
<b>Reporting Location</b>		<input type="text"/>					
<b>Contact on Arrival</b>		<input type="text"/>					
<b>Travel Info</b>		<input type="text"/>					
<b>Requested By</b>		Name: <input type="text"/>				Title: <input type="text"/>	
		Contact (E-mail, phone, frequency): <input type="text"/>					
<b>Approved By</b> (Authorized agency official)		Name: <input type="text"/>				Title: <input type="text"/>	
		Contact (E-mail, phone, frequency): <input type="text"/>					
		Signature: <input type="text"/>			Date: <input type="text"/>		Time: <input type="text"/>

<b>Radio Operator Only:</b>			
<b>Relay:</b>	<b>Rcvd:</b> <input type="text"/>	<b>Sent:</b> <input type="text"/>	
<b>Name:</b> <input type="text"/>	<b>Call Sign:</b> <input type="text"/>	<b>Date:</b> <input type="text"/>	<b>Time:</b> <input type="text"/>

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This Section to be Completed by Santa Clara County Op Area:			
Reviewed By (CRO)	Name:		Date:
			Time (24hr):
Reauthorization Of Request	Original Req Msg #:		Req Agency:
Approved By (SCCo OES official)	Name:		Title:
	Signature:		Date:
Completed	Name:		Time (24hr):

[illegible]