

# Santa Clara County RACES -- Mutual Aid Request

Version: 20240711

Radio Operator Only:	Origin Msg #:		Destination Msg #:	
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## This Section to be Completed by Requesting Agency: (Underlined=Required)

<u>Date:</u>	<u>Time:</u>	<u>Handling:</u>	<u>Immediate (ASAP)</u>	<u>Priority (&lt; 1 hr)</u>	<u>Routine (&lt;2 hr)</u>
T O	<u>ICS Position:</u>			F R O M	<u>ICS Position:</u>
	<u>Location:</u>				<u>Location:</u>
	<u>Name:</u>				<u>Name:</u>
	<u>Contact Info:</u>				<u>Contact Info:</u>
<u>Agency</u>	Name:			If Reauthorization, original msg #:	
<u>Event/Incident</u>	Name:				Agency Act. #
<u>Assignment</u> (General duties, conditions, equipment needed, etc.)					
<u>Amateur Radio Resources</u> <u>Requested, in order of priority needed.</u> (A new request form is needed for each Location and Operational Period)	<u>Qty</u>	<u>Role</u>	<u>Position</u>	<u>Preferred Type</u>	<u>Minimum Type</u>
<u>Partial Assignment</u>	Requests will be filled as resources become available. If this is not acceptable, check the boxes in "Position" above to indicate which resources must be assigned together. This could limit the resources assigned.				
<u>Requested Arrival</u>	Date:			Time (24hr):	
<u>Oper. Period</u>	From (Date)	From (Time 24hr):	To (Date)	To (Time 24hr):	
<u>Reporting Location</u>					
<u>Contact on Arrival</u>					
<u>Travel Info</u>					
<u>Requested By</u>	Name:			Title:	
	Contact (E-mail, phone, frequency):				
<u>Approved By</u> (Authorized agency official)	Name:			Title:	
	Contact (E-mail, phone):				
	Signature:			Date:	Time (24hr):

<b>Radio Operator Only:</b>			
<u>Relay:</u>	<u>Rcvd:</u>	<u>Sent:</u>	
<u>Name:</u>	<u>Call Sign:</u>	<u>Date:</u>	<u>Time (24hr):</u>

**This Section to be Completed by Santa Clara County Op Area:**

<b>Reviewed By (CRO)</b>	Name:	Date:	Time (24hr):
<b>Agency</b>	Name:	If Reauthorization, original msg #:	
<b>Approved By</b> (SCCo OEM official)	Name:	Title:	
	Signature:	Date:	Time (24hr):
<b>Completed</b>	Name:	Date:	Time (24hr):

**This Section to be Used for Resource Assignment by SCC EOC RACES Radio Room:**

<b>SCCo OP AREA ACTIVATION #</b>						
<b>Assignment</b> (General duties, conditions, equipment needed, etc.)						
<b>Requested Arrival</b>	Date(s):			Time(s):		
<b>Oper. Period</b>	From Date/Time:			To Date/Time:		
<b>Reporting Location</b>						
<b>Contact on Arrival</b>						
<b>Travel info</b>						
<b>Amateur Radio Resources Requested, in order of priority needed.</b>	<b>Qty</b>	<b>Role</b>	<b>Position</b>	<b>PA</b>	<b>Preferred</b>	<b>Minimum</b>
<b>Assignments – use extra lines for additional notes (attach additional sheets if needed)</b>						
<b>Date</b>	<b>Time</b>	<b>Name</b>	<b>Call Sign</b>	<b>Role</b>	<b>Notes</b>	<b>Assigned Date/Time</b>