Mississippi Statewide Mutual Assistance Compact (SMAC)

MUTUAL AID REQUEST

Form REQ-A **December 1999**

PART 1: TO BE COMPLETED BY THE REQUESTING CITY / COUNTY/ OR STATE

DATE:	TIME:	FROM THE CITY/ COUNTY/STATE OF:
TELEPHONE NO.	FAX NO:	CONTACT PERSON:
TO THE CITY/COUNTY/ STATE OF:		AUTHORIZED REPRESENTATIVE:

SITUATION REQUIRING ASSISTANCE:

SITUATION IS: [ ] Life threatening & requires immediate response [ ] not life threatening, but resource shortages are critical

TYPE ASSISTANCE/RESOURCES NEEDED (for more space use Part V & attach):

DATE & TIME RESOURCES NEEDED:	STAGING AREA:

APPROXIMATE DATE/TIME RESOURCES WILL BE RELEASED:

AUTHORIZED OFFICIAL'S NAME:	AGENCY: TITLE:
SIGNATURE:	REQUESTOR'S MISSION NUMBER:

PART 2: TO BE COMPLETED BY THE ASSISTING CITY / COUNTY / OR STATE

CONTACT PERSON:	TELEPHONE:	FAX:

TYPE ASSISTANCE AVAILABLE:
(for more space use Part V & attach)

DATE & TIME RESOURCES AVAILABLE:	APPROX. DAILY COSTS FOR LABOR EQUIPMENT & MATERIALS: $
ESTIMATED TRANSPORTATION COSTS FROM HOME BASE: $	ESTIMATED TRANSPORTATION COSTS TO RETURN HOME BASE: $

LOGISTICAL SUPPORT REQUIRED FROM REQUESTING CITY / COUNTY / OR STATE:

AUTHORIZED OFFICIAL'S NAME:	TITLE:
SIGNATURE:	AGENCY:
DATE: TIME:	MISSION NO:

PART 3: REQUESTING PARTY'S APPROVAL

AUTHORIZED OFFICIAL'S NAME:

SIGNATURE:

TITLE:

AGENCY:

DATE: TIME:

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PART 4: **ADDITIONAL MISSION INFORMATION**
(CONTINUATION OF PARTS 1 AND 2)