

**STATE of MAINE
REQUEST for ASSISTANCE**

Part I: REQUEST

1	Requested by:	Date:	Time:
2	County/State Agency:		
3	Jurisdiction:		
4	Resource Requested:		
5	Specifications:		
6	Location Needed:		
7	Local Contact:	Phone:	FAX:
		Pager:	Other:
8	Remarks:		

Part II: ALLOCATION

9	Allocator:		
10	Resource Available:	G Yes	G No
11	Resource Provider:	Phone:	
12	Type/Quantity of Resource Allocated:		
13	Remarks:		

Part III: DISPOSITION

14	Location of Committed Resource:		
15	Resource Arrived:	Date:	Time:
16	Assigned to (name):	Phone:	
17	Resource Used for:		
18	Remarks:		
19	Resource Returned to:	Date:	Time: