

# EQUIPMENT/PROJECT REQUEST FORM

<b>JURISDICTION:</b>	<b>DATE:</b>
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<b>EQUIPMENT TYPE:</b>	<b>AEL No.:</b>
<input type="checkbox"/> PERSONAL PROTECTION EQUIPMENT <input type="checkbox"/> WMD TECHNICAL RESCUE EQUIPMENT <input type="checkbox"/> INTEROPERABLE COMMUNICATIONS EQUIPMENT <input type="checkbox"/> PHYSICAL SECURITY ENHANCEMENT EQUIPMENT <input type="checkbox"/> MEDICAL SUPPLIES AND PHARMACEUTICALS	<input type="checkbox"/> DETECTION EQUIPMENT <input type="checkbox"/> GENERAL SUPPORT EQUIPMENT <input type="checkbox"/> DECON EQUIPMENT <input type="checkbox"/> EXPLOSIVE DEVICE MITIGATION <input type="checkbox"/> NOC _____

<b>REGION STRATEGY OBJECTIVE No.:</b>	<b>INVESTMENT JUSTIFICATION No.:</b> --			
<b>DISCIPLINE(S)</b>				
<input type="checkbox"/> POLICE <input type="checkbox"/> PUBLIC WORKS <input type="checkbox"/> NOC: _____	<input type="checkbox"/> FIRE: <input type="checkbox"/> PUBLIC HEALTH	<input type="checkbox"/> HAZMAT <input type="checkbox"/> EMERGENCY MANAGEMENT	<input type="checkbox"/> EMS	<input type="checkbox"/> HOSPITALS

### **PART 1—REQUESTING ORGANIZATION**

<b>MUNICIPALITY / ORGANIZATION:</b>	
<b>REQUESTING AGENCY:</b>	
<b>ADDRESS:</b>	
<b>CONTACT PERSON:</b>	
<b>E-MAIL ADDRESS:</b>	<b>PHONE:</b>

### **PART 2—EQUIPMENT REQUESTED** (Must include details or specification sheet(s) for each item requested)

<b>DESCRIPTION:</b>		
<b>QUANTITY:</b>	<b>UNIT COST:</b>	<b>TOTAL COST:</b>

### **PART 3—JUSTIFICATION** (Explain how this project will help meet the Strategic Planning Objective and support the Investment Justification referenced)

<b>DESCRIPTION:</b>
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### **SIGNATURES / APPROVAL** (Please print name and sign)

<b>REQUESTOR:</b>	<b>DATE:</b>
<b>EMA COORDINATOR:</b>	<b>DATE:</b>