



REQUEST FOR STATE ASSISTANCE

WebEOC ID:

REQUEST INTAKE

Incident Name:			
REQUESTOR INFORMATION			
Secretariat		Agency/Department:	
Requestor's Name and Title:		Requestor's Email:	24-hr Phone No.:
Date /Time Needed:		Priority <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> Urgent	
REQUESTED ASSISTANCE			
Purpose / Objective of Assistance Requested (description of mission or need):			Prefer Delivery or Pickup
			delivery pickup at warehouse (marlboro, ma)
KN95 masks	Surgical Masks	Cloth Face coverings	Temporal Thermometers
Safety Goggles	Face Shields	Hand Sanitizer	
Delivery Site Location (address/building, etc):		Delivery Point of Contact (POC):	
		Delivery POC Email	24-hr Phone No.:
Requestor's Comments:			

INSTRUCTIONS

Submission Instructions:

1. Fill out form
2. Submit to MEMA:

State Agencies:
 Submit form to MEMA HQ:
SEOC.ResourceUnit@mass.gov