

PRIORITY	
<input type="checkbox"/> Urgent	<input type="checkbox"/> Routine
<input type="checkbox"/> Low	

SAGINAW COUNTY EMERGENCY MANAGEMENT RESOURCE REQUEST FORM



SUBMIT COMPLETED FORMS TO EMGMGR@SAGINAWCOUNTY.COM or FAX 989-792-6852

REQUESTOR INFORMATION			
Agency Name:		<input type="checkbox"/> Hospital <input type="checkbox"/> Health Care _____ <input type="checkbox"/> Police/Fire <input type="checkbox"/> EMS <input type="checkbox"/> Other _____	
Agency Contact:		Number:	Email:
Organization Status: <input type="checkbox"/> Non-Profit (501C3) <input type="checkbox"/> Private, For-Profit Business		NOTE ON ORGANIZATION STATUS —we have been informed by the State that for-profit businesses may be charged for PPE provided. This charge would come from the State and Saginaw County has no way to estimate the amount or determine if the requesting agency is billed.	

REQUESTED ITEM			
Qty:	Type:	Detailed Description:	Current Inventory:
Item Justification/Use:			
Qty:	Type:	Detailed Description:	Current Inventory:
Item Justification/Use:			
Qty:	Type:	Detailed Description:	Current Inventory:
Item Justification/Use:			
Qty:	Type:	Detailed Description:	Current Inventory:
Item Justification/Use:			
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Item Justification/Use:			

EMERGENCY MANAGEMENT USE ONLY			
Date/Time Received:		Able to Fill? Yes No	Entered In MICIMS Date: By:
Date/Time Request Filled:		Resourced Delivered To:	
Other Information:			