STATEWIDE MUTUAL AID AGREEMENT (SMAA)
MUTUAL AID RESPONDER CLAIM NARRATIVE

Responder Organization: _____

Address/Zip Code: _____

Phone: _____ FAX: _____ E-Mail: _____

Contact Person: (Print/Type): _____ Title: _____

Employer Identification Number (EIN): _____

Responder Jurisdiction: _____
(State/County/City/District/Other)

Emergency Response Period Dates: _____

Federal Declaration (If Applicable): _____

Types of Responder Employees: _____

Mutual Aid Requester: _____
(State/County/City/District/Other)

How Requested?

____ State EOC Mission # _____
____ State DOF Request/Incident # _____
____ FFCA Mission No. _____
____ Local EOC _____
____ Other: _____

Type of Emergency Work:

____ Debris Removal
____ Traffic Control
____ Evacuation Support
____ Security/Patrols
____ Emergency Response Calls
____ Search & Rescue
____ Firefighting/Firefighting Support
____ Emergency Shelters (Feeding and/or Lodging)
____ Animal Control/Sheltering
____ Other: _____

Location of Emergency Work: _____

Other Emergency Work Comment as necessary: _____

_____

_____

Total Amount of Claim: $_____ Signature/Date: _____

Note: Separate Claim must be made for Debris Removal. Attach Expense Summaries as applicable.