

STATEWIDE MUTUAL AID AGREEMENT
 Type or print all information except signatures
 Form B

PART I**TO BE COMPLETED BY THE REQUESTING PARTY**

Dated:		Time:	(local)	HRS	REQUESTING PARTY	
Contact Person:		Telephone No:			Fax No:	
Assisting Party:		Authorized Rep:				
Incident Requiring Assistance:						
Type of Assistance/Resources Needed (use Part IV for additional space)						
Date & Time Resources Needed:		Staging Area:				
Approximated Date/Time Resources Released:						
Authorized Official's Name	(Print/Type)	Signature				
Title	:	Agency:		Mission No:		

PART II**TO BE COMPLETED BY THE ASSISTING PARTY**

Contact Person:		Telephone No:		Fax No:	
Type of Assistance Available:					
Date & Time Resources Available From:		To:			
Staging Area Location:					
Approx. Daily Total Costs for Labor, Equipment and Materials:		\$			
Transportation Costs from Home Base to Staging Area:		\$	Transportation Costs to Return to Home Base:		\$
Logistics Required from Requesting Party	Yes	(Provide information on attached Part III)	No		
Authorized Official's Name:		Title:			
Date:		Time:	(local)	HRS	Mission No:

PART III**TO BE COMPLETED BY THE REQUESTING PARTY**

Authorized Official's Name:		Title:	
Signature:		Agency:	

PART IV

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MISCELLANEOUS ITEMS / OTHER MISSION INFORMATION