**PHASE I** *– To be completed by 1) Requester or State EMD Duty Officer and sent to* *KC.ECC@kingcounty.gov* *or 2) King County Duty Officer.*

Notification Date:

Notification Time:

Mission Number:

1. **Requestor Information**

Name:

Agency:

Phone:

Email:

1. **MISSION OVERVIEW**
2. Situation Overview

1. EOC support requested:

[ ]  Emergency Manager

[ ]  Operations Chief

[ ]  Planning Staff

[ ]  Logistics Staff

[ ]  Finance & Admin Staff

[ ]  PIO/ Social Media Staff

[ ]  Operations Section Specific:

[ ]  Public Works

[ ]  Police

[ ]  Fire

[ ]  Building Inspectors

[ ]  Debris Management

[ ]  Evacuation manager

[ ]  Other

[ ]  Mass Care – Shelter Support

[ ]  Safety Officer

[ ]  Communications Staff

[ ]  Other

1. Desired time of arrival:
2. Estimated Length of Time EMAT is needed - (DEFAULT DEPLOYMENT is 3 DAYS)

1. Location of EOC/ECC:

1. Is reporting location different than EOC location?

1. Note any access issues?

1. Who will the team report to?

Name       Phone number       Location

1. Lodging and Feeding provided? Note any additional information.

**PHASE II** *– To be completed by EMAT Team Leaders.*

1. What is the current situation?

1. Any areas of the impacted jurisdiction we should stay clear of for safety reasons?

1. Does Jurisdiction have MOU in place for responding jurisdictions? Is the requesting jurisdiction using WAMAS or RCF (within King County) for mutual aid?

1. Are there any other points of contact we should be made aware of to facilitate effective and efficient response?