



RACES Activation

Request Report

Complete Section 8. For Requests

1. Date/Time	From On To On
2. Mission No.	
3. Incident Name	
4. Requesting Agency	<input type="checkbox"/> MFD OES <input type="checkbox"/> County OES
5. Authorizing Agency	<input type="checkbox"/> MFD OES <input type="checkbox"/> _____
6. Requirements <i>(No. of operators, type of equipment, etc.)</i>	
7. Personnel	name call sign
8. Training Goals	Traffic Handling <input type="checkbox"/> Voice <input type="checkbox"/> Packet <input type="checkbox"/> Interaction with Public Safety <input type="checkbox"/> Operation from OES Communications Van
9. Prepared By	Signed _____ Print Name/Title
10. Approved By	Signed _____ Print Name/Title _____