

(location/address)

Contact Person

MOBILIZATION REQUEST

WSP/EMD USE ONLY

DATE/TIME RECEIVED

			DATE/TIME APPROVED								
			MOBILIZATION #		WA-WFS-						
Requesting Agency Information											
Date of Request							Time Contact #				
Agency											
Fire Chief or Designee							Contact #				
On Scene IC							Contact #				
Regional Coordinator*								#			
*Has	the Reg	ional Cod	ordinator been contacted?								
The requesting agency agrees to comply with all provisions of the Mobilization Plan. Yes No											
Incident Information											
Incident Name					Incident Typ	е					
Has an Incident Complexity			Analysis been completed?		Yes I	Vo	If yes, incide	cident type: 1 2 3] 3
Size (acres, blocks, miles)					Growing in s	size o	r contained?				
Weather:	/eather: Temperature			Wind Speed		Wind		d Direction			
Fuels involved					Fue	l Type(s)					
Nearest To	wn/City										
Location re roads/landr											
Land ownership (Check all that apply) Private State Unprotected											
Is the incident within the requesting agency's fire jurisdiction? Yes No											
Is the requesting agency's jurisdiction imminently threatened?											
Have local resources been exhausted?											
Does the incident jeopardize the ability of the requesting jurisdiction to protect lives and property?											
What is at risk? (i.e., homes, crops, infrastructure)											
Evacuations Yes No Evacuation level 1 2 3 Estimated number to evacuate											
Shelter loca	ation										
Resources Needed											
What specific resources are needed? (i.e., 3 wildland strike teams)											
Reporting Location											
Command	Post										

Submit Completed Request with Incident Complexity Analysis to the Emergency Operations Center

Contact #

Fax 253.512.7203 OR E-mail dutyofficer@mil.wa.gov