

BUILDING SAFETY EVALUATOR RESOURCE REQUEST

1. Requestor's Name:	Request Date:
2. Title/Position of Requester:	
3. Name of Jurisdiction:	
4. Email:	
5. Phone:	(Office) (Cell)
6. Check-In Location:	
7. On-site Point of Contact Name:	Point of Contact Number:
8. Reimbursement for Food/Housing/Transportation:	
Yes	No
	Unknown
9. Number of volunteers of each Type of Building Safety Evaluators that are needed.	
(See Exhibit A for a description and chart of what each type is)	
Type 1:	Type 2:
Type 3:	Type 4:
Type 5:	
10. Identify the number of days volunteers are needed:	
# of days needed:	Start: End:
11. Brief description of the problem or task to be accomplished or other additional notes:	

EOC Use Only

Approver Name:	Approval Date:
Number of BSE approved for deployment (if necessary)	
Type 1:	Type 2:
Type 3:	Type 4:
Type 5:	
Revised # of days for deployment (if necessary):	
Start:	End:
Additional Notes:	

Exhibit A

