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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Facility Name & Contact Info** | | | | **Date** | **Time** | **Request Originated By** | | |
|  |  |
| **Facility Name** | |  | | | **Name** | |  | |
| **EOC/DOC Phone #** | |  | | | **Contact Phone** | |  | |
| **Delivery Location (Include address & specific location) & Point of Contact** | | | | | | | | |
| **Street Address** | | | | **City** | | **Zip** | | **Phone Number** |
|  | | | |  | |  | |  |
| **Point of Contact** | | | |  | | | | |
| **Delivery Location** | | | |  | | | | |
| **Pre-Request Instructions** | | | | | | | | |
|  | **Do you have an immediate and significant need?** | | | | | | | |
|  | **Have you exhausted your supply, or is exhaustion imminent?** | | | | | | | |
|  | **Have you checked with your internal, corporate supply chain and/or local jurisdiction partners** | | | | | | | |
|  | **Have you checked for availability of supplies with your normal external vendors, and new vendors to procure materials** | | | | | | | |
| **Request Detail** | | | | | | | | |
| **Quantity** | **Unit of Measure** | | **Item Description (Be very specific. Give description, specification, size, etc.)** | | | | | |
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