

OFFICE OF STATE FIRE MARSHAL
EMERGENCY RESPONSE UNIT
Request for Equipment, Supplies and Services

Return to: PROGRAM COORDINATOR
 Fax (503) 373-1825

Hazmat Teams
 Jamie Kometz

Incident Management Team
 Alan McMahan

Urban Search & Rescue
 Tina Toney

Please Note: PREAUTHORIZATION by OSFM's Resource Coordinator or Program Manager is required for all purchases of equipment, supplies and services.

Team Contact Person _____ Team _____
 Shipping Address _____ Phone _____
 City _____ State _____ Zip _____ FAX _____

ITEM DESCRIPTION	ITEM #	MODEL #	Qty	Cost	Total
					\$
					\$
					\$
					\$
					\$
					\$
					\$

Please provide the following information:

1) Vendor _____ Phone _____
 Address _____
 Comments/
 Sales Rep. _____

2) Vendor _____ Phone _____
 Address _____
 Comments/
 Sales Rep. _____

3) Vendor _____ Phone _____
 Address _____
 Comments/
 Sales Rep. _____

Items to be ordered by Team Items to be ordered by Resource Coordinator
 Additional Comments/Instructions: _____

Team Administrator's Signature _____ Date _____