

**RESOURCE REQUEST**For Personnel, Supplies, Equipment, Pharmaceuticals

Facility:	Requestor Name and Phone #
Fax:	Email:
Date and Time of Request:	
Date and Time Item(s) are required:	
How long are item(s) required:	
Delivery Location (w/address):	
On-site contact for delivery w/phone #:	

**Personnel**

Specialty/Task Required	Quantity

**Items (pharmaceuticals, supplies, equipment)**

Type	Quantity	Kind	Condition on Receipt

Has previous coordination been accomplished for these items? Yes  No

If yes, provide facility and contact information: \_\_\_\_\_

**- A Situation Report must be submitted before or with a Resource Request -**

Signature of Requestor: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

**Plumas County MHOAC, Tina Venable, DON**

**Office:** 530-283-6346 | **MHOAC:** 530-283-6110 | **Mobile:** 530-249-3679

**24/7 Email:** [tinavenable@countyofplumas.com](mailto:tinavenable@countyofplumas.com)

**Fax this RESOURCE REQUEST to the MHOAC at (530)283-6110**