

RESOURCE REQUESTFor 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

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