

SCWARN Responding Utility Authorization & Contact Form - Form "B"

(This form is filled out by the Responding SCWARN member and **sent back** to Requesting member)

Utility Name:	
Address:	
Date/Time:	Type: Water <input type="checkbox"/> Wastewater <input type="checkbox"/> Both <input type="checkbox"/>
General Phone Number:	
Authorized Representative Name:	Title:
E-mail:	Cell Number:
Crew Leader Name (Responding contact):	Cell Number:
List Crew Member Names & Cell Number:	
Names/Cell Continued	
Anticipated time of arrival:	
List of Equipment Resources being deployed:	
Deployed Continued:	
May need to take PPE, tools and fuel	
Bring supplies to last for 72 hrs. – water, food, etc.	